

APPENDIX B
REQUEST FOR EXTENSION OF SICK LEAVE

To be completed by the employee and forwarded to the Chief Executive Officer (CEO) of the College.

NAME _____ DATE _____

TITLE _____ JOB GRADE _____

DATE OF INITIAL APPOINTMENT AT THE COLLEGE _____

TOTAL NUMBER OF WORKING DAYS REQUESTED _____

FROM: MONTH _____ DAY _____

TO: MONTH _____ DAY _____

WORKING DAYS OFF THE PAYROLL PRIOR TO REQUESTED LEAVE _____

FROM: MONTH _____ DAY _____

TO: MONTH _____ DAY _____