

P.O. Box 158, West Columbia, TX 77486 **\*** 979-345-5147 **\*** fax 979-345-4890 **\*** www.cbisd.com

## REQUEST FOR EXTENDED SICK LEAVE

I, \_\_\_\_\_, an employee of Columbia-Brazoria ISD, have read and understood board policy DEC (Local) regarding extended sick leave.

I certify that I have exhausted all state and personal leave.

I would like to request \_\_\_\_\_(#) extended sick days (not to exceed maximum of 10 allowed for the year) due to the following extenuating medical circumstance(s):

Medical Certification Must Be Attached

Grow With Us !				
Catch the Challenge !			Learn for Life	! Come
	Denied	Superincen		Date
	Approved Superintendent Signature			Date
* * * * * * * * * * * * * * * * * * * *				
Benefits &	TRS Reporting Coord	inator	Date	-
As of	, employee	has	days of regula	ar leave remaining.
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Employee	Signature	Date	Principal/Director	Signature Date

All schools fully accredited by the Texas Education Agency Columbia-Brazoria ISD is an equal opportunity employer.