



Request for Critical Family Illness Leave- DP324 NEG

Submit signed form to Ken Anderson in Human Resources

Employee Personnel Information:

Employee's Name: _____ Employee ID#: _____

Address: _____ City, State, & Zip: _____

Phone Number: _____ Email Address: _____

Work Location: _____ Position: _____

Hire Date: _____

Leave Information:

I am requesting leave to provide care for: _____

Relationship of Family Member

Reason Leave is Being Requested: _____

Leave Begin Date: _____ Leave End Date: _____ Number of days requested: _____ days

Request for Critical Family Illness Leave must be verified by a statement from the medical provider, with the doctor's signature.

Use of sick leave for critical family illness:

A maximum of twelve (12) days of sick leave may be used each year to care for a critically ill member of the employee's immediate family or person residing in the employee's home.

- A. Immediate family includes mother, father, son, daughter, husband, or wife
- B. Use of sick leave for critical family illness must be authorized by the Sick Leave Bank Review Committee
- C. Employees may not apply for critical family illness benefits until all vacation, up to five (5) personal leave days, and family sick days have been used.
- D. In cases of extended critical illness, employees may apply for additional days beyond the twelve (12) day allowance. If circumstances warrant it, the Committee may authorize additional days equal to the number of unused family leaves days available at the beginning of the illness (max three [3] days).

I have read and understand the information about the Critical Family Illness Leave DP326 NEG

Employee Signature

Date

Principal's Signature

Date