

EUGENE EDUCATION ASSOCIATION – 4J SICK LEAVE BANK

REQUEST FOR EXTENSION FORM

Return this form to EEA

Name (print) _____ Home Phone: _____

Address _____ City _____ Zip _____

4J Employee # _____ E-mail address _____ @ 4j.lane.edu

Current FTE _____ Work Site Assignment _____ Work Phone _____

Number of additional days requested _____
(see guidelines)

Anticipated date of return to work _____

I have attached the following to this form:

- Additional physician's statement indicating that I am unable to perform my assigned responsibilities due to a long-term illness or injury. This statement must also include my anticipated return to work date.

I affirm that the information I have provided is accurate to the best of my knowledge,

Signature _____ **Date** _____

THE COMMITTEE WILL REVIEW THIS REQUEST AND NOTIFY YOU OF ITS DECISION.

For Committee Use Only

Previous Sick Leave Bank days awarded: Date _____ Days _____

Date request received _____ Date request reviewed _____ ___ APPROVED ___ DENIED

If approved, number of additional hours granted _____ (_____ days)

If denied, reason: _____

Total number of days granted during this request process _____

Total number of days granted during the last five years _____

Authorized by _____ Date _____
Sick Leave Bank Committee Chair

Date returned to work _____ Number of hours returned to Bank _____

The Committee may send copies of your application to EEA, the 4J Payroll Department, and 4J Human Resources.