

WESTCHESTER COUNTY HUMAN RESOURCES

**REQUEST FOR EXTENDED SICK LEAVE AT HALF-PAY UNDER RULE 9
(SUBMIT IN TRIPLICATE WITH DOCTOR'S NOTE)**

Name of Employee Title

Employee Signature Department

Dates requested: Total work days: Doctor's note attached
from: to: YES () NO ()

NOTE: Request should never exceed 12/31 of calendar year, since employee must be returned to payroll to deplete accrual of new time balance.

In making this request, the expiration of all earned time credits (sick leave, vacation supplemental time and personal leave) is certified to, as of the extension according to official records of the department.

Date Department Head Signature

HUMAN RESOURCES OFFICE USE ONLY

_____ Date of original appointment
_____ Completed, continuous years of service
_____ Credited bi-weekly pay periods at one-half pay
_____ Total work days credit at one-half pay
_____ Subtotal
_____ Days previously used at one-half pay
_____ Balance before request
_____ Days requested
_____ Balance after request

Extended sick leave at one-half pay is approved for the period

Date Commissioner of Human Resources
ESL:10/02