

REQUEST FOR SICK LEAVE WITHOUT PAY EAST STROUDSBURG UNIVERSITY

To be completed by Employee:

Employee Name _____ Department _____

I am requesting to use sick leave for my own serious health condition as follows:

Begin Date ____/____/____ Anticipated duration _____

☐ Full Time Basis☐ Part Time Basis☐ Intermittent Basis

I will be using the following type(s) of leave:

☐ Paid Sick Leave *☐ Paid Annual Leave *☐ Paid Personal Leave *☐ Unpaid Sick Leave

* Before, during, after, or instead of sick leave without pay, employees may use accrued sick, annual or personal leave. The use of paid leave shall not be included when calculating the sick care leave without pay entitlement.

Employee Signature____/____/____
Date

To be completed by Human Resource Management:☐ Medical Documentation was submitted which supports the need for sick leave for this employee.☐ This employee is eligible for sick leave without pay based on service credit

This employee is entitled to _____ hours of sick leave for his/her serious health condition.

Current Leave Balances:

____ Sick Leave

____ Annual Leave

____ Personal Leave

☐ Approved☐ Disapproved

Comments _____

Human Resource Office Signature____/____/____
Date