



CRITICAL ILLNESS LEAVE FORM

Effective 9/1/23

Name: _____

Assigned Building/Location: _____

Position: _____

Requested Critical Illness Dates of Leave (maximum 5 days): _____

Requested Sick Dates of Leave (as per policy): _____

Name of Immediate Family Member: _____

Relationship to Immediate Family Member: _____

Reason for the Leave: _____

Documentation from the doctor or hospital in the form of a letter, doctor's script, or emergency room admittance/discharge paperwork indicating the family member's name and date of birth is required and must be attached to this form. Hospitalization paperwork must state admittance and discharge dates.

Critical Illness days are granted on a case-by-case basis and will not be processed until the necessary documentation is received. Examples of critical illness include hospitalization due to an emergent situation, surgeries/emergency procedures requiring general anesthesia and are not elective, and end-of-life care. The Human Resources Department will utilize a criteria to determine the amount of time allowed for each of the examples listed above. **Please note that sick days may be utilized as per BOE Policy.**

If approved, the Human Resources Department will update your attendance record to reflect the days.

Employee's Signature: _____

Date: _____

Immediate Supervisor's Signature: _____

Date: _____

Approved: Yes / No

Rationale If No: _____

Manager of Human Resources Signature: _____

Date: _____

Approved: Yes / No

Rationale If No: _____

Superintendent's Signature: _____

Date: _____

This form will be placed in your personnel file.