



Request for Extended Sick Leave
Employee Application Form

Upon exhaustion of an employee's full salary sick leave, additional half-salary sick leave is available in an amount of up to 100 days per year for regular full-time employees and a pro-rata amount for part-time employees. This half-salary sick leave is known as "extended sick leave" (ESL).

To be completed by the employee:

Name: _____ Colleague ID: _____

Division/Dept.: _____ Campus: [] MJC [] Columbia [] Central Services

I, _____, acknowledge all of my accrued sick leave has been exhausted. I am requesting Extended Sick Leave (ESL). I understand I must provide a medical certification with an extended sick leave absence. I also understand ESL is paid at 50% of my regular salary.

ESL may be supplemented with available Vacation and/or Comp Time. I request to supplement any ESL as stated below:

- [] 50% Paydock
[] Available Vacation and/or Compensatory Time Off (CTO)

Signature of Employee _____ Date _____

APPROVED BY:

Immediate Supervisor _____ Date _____

To be completed by the YCCD HR Ops/Benefits Office:

1st Date of ESL: _____

Date

Signature

Comments:

Three horizontal lines for handwritten comments.