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### REQUEST FOR EXTENDED SICK LEAVE FOR CLASSIFIED EMPLOYEES

**Purpose:** This form is for the purpose of requesting an additional 31 days of sick leave. This form requires a doctor's note and will not be processed without it. A 10 day dock will take place before the extended leave begins.

**NAME** \_\_\_\_\_ **EMPLOYEE #** \_\_\_\_\_  
(last, first)

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**BUILDING** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**Reason for requested leave:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Note Attached:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee** **Date**

**Please return this form to Human Resources (HRD) in the Education Center.**

Number of days \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

**HRD Approval** \_\_\_\_\_ **Date** \_\_\_\_\_