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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 _____ **SOCIAL SECURITY #** _____
(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** _____