



MEMORANDUM

**DAY-TO-DAY ABSENCE EXCEEDS BEYOND THREE (3) MONTHS
OR FOR CONSECUTIVE 100-DAY GRANT REQUEST**

Employee Name: _____

Social Security Number: _____

Classified Employee Certificated Employee Calendar _____ FTE:

Payroll: _____ Location: _____

Number of Days Absent for _____ Fiscal Year as of _____ : _____
Date Days

Last Day Worked: _____

Physician's Statement(s) on File? Yes No (Attach Copies)

Number of Accumulated Days/Hours: Sick _____ Vacation _____

Tentative End of Vacation: _____

Tentative End of 100-Day Differential: _____

Signature of Human Resource Services Representative(s)

Date

SECTION II: TO BE COMPLETED BY

SECTION III: TO BE COMPLETED BY HUMAN RESOURCE SERVICES

Employee Status: Day-to-Day Absence

 Long-Term Board-Approved Leave of Absence
Absence Type: Health Leave of Absence Disability Leave of

Effective: _____ Terminating: _____

 Other

Signature of Human Resource Services Representative(s)

Date

SECTION IV: HUMAN RESOURCE SERVICES USE ONLY

Place Certificated or Classified Employee on 39-Month Reemployment
Effective: _____ Through: _____

Payment of Accumulated Sick Leave
 Approved Disapproved
Effective: _____ Through: _____

Payment of 100-Day Differential
 Approved Differential End Differential Activate--Has Exhausted Differential
Effective: _____ Through: _____

Physician's Statement
 Approved Disapproved Comments: _____

Terminate Health Insurance
Effective: _____

Signature of Human Resource Services Representative(s)

Date

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cc: Personnel Analyst **Distribution by:**