

# Currituck County Schools

*A Beacon for Excellence in Education*

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## Extended Sick Leave Request Form

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Site: \_\_\_\_\_

Reason for Extended Sick Leave Request: (Explanation required and/or verification from your physician)

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Number of regular sick leave days remaining: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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### CENTRAL OFFICE USE ONLY

( ) I recommend approval of this leave.

( ) I do not recommend approval of this leave.

Reason: \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature or Designee)

cc: Finance Office/Payroll Department  
Human Resources Director

2958 Caratoke Highway\*Currituck, NC\* 27929  
Phone: 252.232.2223\* Fax: 252.232.3655  
www.currituck.k12.nc.us

