



**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 Absence  
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:**