

**HOWE INDEPENDENT SCHOOL  
DISTRICT**  
105 W. Tutt Street



**Extended Sick Leave Request**

Employee Name \_\_\_\_\_

Campus \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

In submitting this application for Extended Sick Leave, I certify the following to be true:

- I have exhausted all of my available state and local leave.
- I understand that I will have the cost of a substitute deducted for each day of sick leave taken, whether or not a substitute is employed.
- The extended sick leave which I am requesting is to be used only for my personal injury or illness or that of an immediate family member.
- Medical certification or a written affidavit documenting the illness or injury will be provided within 3 days of returning to work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date