

Notification of Intention to Take Extended Sick Leave

TO: Department Chairperson

FROM: Name: _____

Rank or Title: _____

Department: _____

I hereby notify you that I will be taking extended sick leave from the University as follows:

Anticipated start date: _____ Anticipated end date: _____

State the reason or purpose for which the leave is being taken.

Signature: _____

_____ Date

Signature of Department Head

_____ Date