



TWO-HOUR SICK LEAVE REQUEST FORM

MONROE #1 BOCES

Employee Name: _____

Date Requested: _____

Assignment: _____

Time Out: _____

Date Submitted: _____

Time In: _____

GUIDELINES

- May be used for **pre-scheduled** medical, dental, or therapy appointments for self or family member.
- To minimize disruption to students and programs, we ask that you schedule two-hour sick leave either at the beginning or end of the day when feasible. We also ask you to be mindful and considerate of classroom routines and schedules when making a request for two-hour sick leave as well.

PROCEDURES

1. **Notice of Request** – Please submit the **Two-Hour Sick Leave Request Form** for approval to your program/department within the timeframes below so that substitute coverage may be arranged:
 - PSP – At least **24 hours'** in advance of the requested time off.
 - BUP and BPA – At least **48 hours'** in advance of the requested time off.
 - BUSS – At least **72 hours'** in advance of the requested time off.
2. Supervisors may waive the notice requirements set forth above.
3. Be sure to punch in/out as per program/department requirements when leaving and/or returning during normal work hours.
4. **Verification of medical appointment** - Please submit receipt verifying appointment to Human Resources within five (5) school days after appointment.

I understand the guidelines and will follow the procedures stated above. I understand that my sick time will be reported in 1/2 day increments in the following circumstances: a) failure to provide required notice of two-hour sick time if notice was not waived by supervisor; b) sick time is not for a pre-scheduled; c) failure to follow program/department punch in/out procedures; d) failure to submit verification within five (5) school days; and e) failure to report within the two-hour limit, regardless of the reason.

Employee Signature

Date

Supervisor's Signature

Date