



**CITY OF PROVIDENCE**

Jorge O. Elorza, Mayor

**SECTION A – TO BE COMPLETED BY EMPLOYEE**

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

I am requesting a Sick Leave Extension (Available in 30-day increments), for the following period of time:

DATE OF EXTENSION TO BEGIN: \_\_\_\_\_

DATE OF EXTENSION TO EXPIRE: \_\_\_\_\_

My reason for requesting the extension is: \_\_\_\_\_

Sick Leave Extension: (1) \_\_\_\_\_ First 30 Days      (2) \_\_\_\_\_ Second 30 Days      (3) \_\_\_\_\_ Third 30 Days

***Please Note***

- *Sick Leave Extensions are granted in 30-day increments once an employee has exhausted all of their accrued paid time off.*
- *An employee is allowed three (3) sick leave extensions over the full term of their employment with the City of Providence.*
- *All Sick Leave Extension requests must be accompanied by a health care provider’s note, stating the time the employee is required to be out of work.*
- *All Sick Leave Extensions are subject to approval by the Chief Human Resources Officer, in consultation with the employee’s Department Director.*

I understand that if I take a position with another employer or become self-employed, I will be terminated automatically.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



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## SECTION B - RECOMMENDATION – TO BE COMPLETED BY EMPLOYER

Recommend Approval: \_\_\_\_ Recommend Denial: \_\_\_\_

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Human Resources Officer

\_\_\_\_\_  
Date

**CITY OF PROVIDENCE – DEPARTMENT OF HUMAN RESOURCES**  
**DEPARTMENT REPORT ON EMPLOYEE REQUESTING A SICK LEAVE EXTENSION**

Name: \_\_\_\_\_

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

Date of Hire: \_\_\_\_\_

# Of prior leaves of absence: \_\_\_\_\_

Is the employee in good standing in the department? PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the employee have a good attendance record? Have any attendance problems been documented? Has the employee received discipline in writing? PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you in favor of granting the full amount of leave the employee has requested? If not, are you in favor of granting a leave of any length? PLEASE EXPLAIN why you are or are not in favor of granting the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date