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**We Make Westchester Work!**

## SICK LEAVE WITHDRAWAL REQUEST

Please complete and attach your physician's signed statement and any other documentation required as per the current CSEA 9200 Collective Bargaining agreement, Article VII, Section 6

**(Must submit Originals only)**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Department \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Location \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Please provide personal Email address: \_\_\_\_\_

Have you requested Extended Sick Leave (ESL)? YES [ ] or NO [ ]

If Yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Was your Extended Sick Leave APPROVED [ ] OR DENIED [ ]

The Sick Leave Bank Committee has my permission to review my time and attendance records or any items from my personnel file that may have an impact on my application, and contact my attending Physician, if necessary

Signature: \_\_\_\_\_ Date: \_\_\_\_\_