## Application for Leave of Absence Due to Illness

## SEVENTY-FIVE PERCENT (75%) SUPPLEMENT PAY

TO BE PREPARED IN DUPLICATE

Division	ı		Department			Date	20
	I,		Title		Pass No.	·	
<b>75</b> % pay I also m	y, on a <b>ay rec</b>	Pay Laccount of illness or injury ceive the additional 25% ne onset of this illness.	(from causes o	ther than accider	t while on duty) in	accordance w	
If absend	ce is d	lue to a non-service accido work during said period	lent, state where	, when, and how	accident occurred.		A.M. P.M. inclusive
Did accid	dent o	ccur while working for em	nployer other tha	n T.A.?	Yes/No		
Did this	disabil	ity arise as a result of a S	Service-Connecte	ed Illness?	Yes/No		
							(signature)
(This cei upon.)	rtificati	ion must be completely fil		tending physiciar	. ,	r sick leave at	75% pay will be passed
Patient's	Name	e first	middle	last	Age		Sex
		y certify that the above na					
1)	) Dia	ignosis					
	Pat	ients Symtoms/					
	Obje	ective Findings					
	2)	Treatment:					
	3)	Dates of Treament: Ho	ome	Office		(Hospital)	
1	furthe	er certify that this illness s	o incapicitated th	iis employee that	he was unable to p	erform his du	ties during the following
period:		From		·	То		
l make tl pay.	his cer	rtification knowing that the	e above mention	ed employee will			on for sick leave with 75%
							M.I
					Tel. No.		
							(OVEI

## **DEPARTMENT REPORT**

First Working Date of Absence		Total of Sick Days Off _		Sick Hrs. Off _		Excl. RDO & Holiday		
Visiting Doctor	Code 1	☐ By Doctor at Hom	ne or Office	Office Code 2 No Doctor  Section Date of Appt.		·		
Pass No Payı	oll No	Title code	Section					
Additional sick leave shall	be provided at	t 75% of what the emp	oloyee would have be	en paid if he/she	worked in accordance	with his/her regular		
schedule:				,	e check) Yes	No		
		o illness for 9 or more o k leave bank and;	consecutive work day	s and;				
		sevice in the SSSA / T ck leave year and;	WU 106 (TSO/QSA/0	CRT only)				
		vance of 12 sick leave	days in the leave yea	r				
The additional sick leave leave pay shall be retroa						h year. The additional sidearlier.		
e) If answers	to questions a)	through d) are Yes, e	mployee is eligible for	an additional 60	) days when recomme	nded by the department.		
Interim Report:	Code 1 🔲 T	his is the <b>ONLY</b> repor	t for this illness.					
	Code 2 🔲 T	his is the first of severa	al reports to be subm	itted for same illn	ess.			
	Code 3 🔲 F	Previous report or repo	orts were submitted.					
	Code 4 📗 F	Final report where inter	rim reports have beer	submitted.				
First Day of Absence (if p	revious applica	tion was submitted)						
Balance of Sick Leave	as of			_				
Unused (75%/100%) Sick	Leave Allowar	nce		Day ————	/S 	Hours		
Approved with pay on thi	s application							
Balance (75%/100%) allo	wance							
				N1:				
		Days	Hours*					
APPROVED with 75%/10	0% pay			DISAPPROVE (Reason)				
TAX EXCLUDED						·		
		A	AMOUNTS TO BE	PAID				
Туре	Code	Hours*	Pro Rate	Days	Night Diff. Hrs. Min.	Rate		
	8 - 9	10 - 14	15 - 16	17 - 19	34 - 38	39 – 44		
Current 75%/100% si	02							
Non-current 75% sick	04							
	ı					•		
			<u></u>		_			
(Certtifying O	fficial)		(Title)			(Date)		
(Denartment	Head)					(Date)		
(Certtifying O			(Title)			(Date)		

<sup>\*</sup>Show 75% of pay hours for days allowed