

Instructions: The enclosed form is an ***Application for Supplemental Sick Leave***.

There are three (3) parts to the Application:

1. **Part I** must be completed by the employee who is requesting the Supplemental Sick Leave.
 2. **Part II** must be completed by the requesting employee's physician or medical practitioner.
 3. **Part III** must be completed by the Appointing Authority (or designee) for whom the requesting employee works.
- The completed Application is then submitted to the Bureau of Employee Relations by the employee's agency human resources office.
 - An incomplete application may lead to denial of the employee's request for Supplemental Sick Leave.

Before completing the *Application for Supplemental Sick Leave*, please read the following:

- An employee must exhaust all paid leave prior to receiving supplemental sick leave. Paid leave includes sick leave, annual leave, floating holidays, bonus days, and compensatory time.
- The employee who will use the supplemental sick leave, or that employee's agency, must complete the Application. No third party recommendations or requests will be considered.
- Leave donations by employees on behalf of other employees are not authorized until solicited. Solicitation may not take place until after an approval has been issued by the Labor Management Committee (LMC). The solicitation process is handled by the agency's human resources office. Whether employees are willing or unwilling to donate leave is not a part of the LMC review process.
- Employees who wish to donate sick leave shall notify Agency Human Resources and indicate on that form or by email the reason for the application – "donated to employee's name."
- Supplemental Sick Leave will only be granted for emergent serious or life-threatening illnesses, injuries, impairments, or mental or physical conditions that have caused, or are likely to cause, the employee to take leave without pay provided appropriate medical information is provided. Supplemental Sick Leave will not be granted for common, minor or chronic illnesses, injuries, impairments or physical or mental conditions.

In order to be considered for supplemental sick leave, the enclosed forms must be filled out completely and sent to your agency human resource office. Your agency human resource office should then forward the forms to:

Bureau of Employee Relations
Division of Personnel
28 School Street
Concord, NH 03301