



# County of San Bernardino CHECKLIST FOR EXTENDED LEAVE

Must print in Black or Blue ink ONLY

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>	
<b>Department</b>		<b>Department Contact</b>	<b>Department Contact Phone Number</b>

**REQUIRED**

[Leave Request for Extended Sick and Special Leave](#)  
Off Work Order (OWO) (if applicable to department)

[Job Action Request \(JAR\)](#) (upon employee returning from leave)

**REQUIRED (IF APPLICABLE)**

[Leave Integration Request](#)

[Medical Emergency Leave \(MEL\) Permission to Advertise](#)

[Medical Emergency Leave \(MEL\) Request](#)

[Medical Emergency Leave \(MEL\) Release of Medical Information](#)

[Medical Emergency Leave \(MEL\) Attending Physician's Statement](#)

Military Orders

Military Leave and Earnings Statement (current)

**Incomplete Packets Will Be Returned**