



CHECKLIST FOR EXTENDED LEAVE

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name	
Department		Department Contact	Department Contact Phone Number

REQUIRED

[Leave Request for Extended Sick and Special Leave](#)

[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