

Date:

Mr. Dane Petersen, Director
Civil Service Office
601 E. Kennedy Blvd., 17th Floor
P.O. Box 1110
Tampa, Florida 33601

SUBJECT: Civil Service Board Action - Extension of Medical Leave of Absence

Dear Mr. Petersen:

I am requesting a _____ extension of the medical leave of absence for _____ based on the medical information provided by the attending physician and the following justification:

- (1) Date original medical leave of absence began:
- (2) Date current medical leave of absence expires / expired:
- (3) Requested extension date:
- (4) Justification for requested extension: (Provide rationale as to why the additional time is needed, if not supported by medical documentation.)
- (5) In addition: (All questions must be answered)
 - a) the circumstances creating the need for the leave of absence still exists – Yes / No
 - b) approving the extension would benefit the department or agency – Yes / No
 - c) denying the extension would create a personal hardship on the employee – Yes / No
 - d) the employee's overall performance warrants such action – Yes / No
 - e) approving the extension would be in the best interest of the County – Yes / No
- (6) Medical documentation supports this request – Yes / No

CS Form 42 (1/10)