 **RECORD OF APPLICATION OF DISCRETION**

EMPLOYEE NAME: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE NUMBER: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF DECISION: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR CURRENT/MOST RECENT ABSENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ABSENCE: □ LONG-TERM □ INTERMITTENT □ BOTH

**RELEVANT MITIGATING FACTORS JUSTIFYING APPLICATION OF DISCRETION**

(Select all that apply)

□ EXTREME LIFE EVENT □ IMPACT ON EMPLOYEE

□ ABSENCE HISTORY □ EXPECTED PERIOD OF RECOVERY

**PLEASE DESCRIBE THE IMPACT ON THE EMPLOYEE OF THE EVENT/ILLNESS THAT LED TO THEIR ABSENCE:**

**PLEASE OUTLINE YOUR RATIONALE FOR APPLICATION OF DISCRETION:**

**DATE THAT PERIOD OF DISCRETION ENDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>**

**RECORD OF EXTENSTION TO PERIOD OF DISCRETION**

(if applicable)

**DATE DECISION TAKEN TO EXTEND INITIAL PERIOD OF DISCRETION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE OUTLINE YOUR RATIONALE FOR EXTENDING INITIAL PERIOD OF DISCRETION**

**DATE THAT EXTENDED PERIOD OF DISCRETION ENDS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_