



Earned Paid Sick Time Request

TODAY'S DATE: _____

REQUESTED DATES OFF: _____

NAME: _____

SUBMITTED BY: SELF _____ OTHER _____

(If "OTHER" please enter name)

DATE OF HIRE: _____

SICK TIME ACCRUED: _____

DAYS: S M T W TH F SA TOTAL HOURS LOST: _____

REVIEWED BY: _____ DATE: _____

APPROVED/ DISAPPROVED BY: _____ DATE: _____

REASON FOR DISAPPROVAL: _____

IF REQUESTING 3+ DAYS, PLEASE NOTE THE NATURE OF REQUEST:

Payroll:

DATE RECEIVED: _____

PROCESSED BY: _____