

Earned Paid Sick Time Request

Jane Smith		07/16/17
Employee Name (Please Print Clearly)		Date
Supervisor Name		
07/20/17	07/21/17	8
Beginning Date of Absence	End Date of Absence	Number of Hours Requested

WRITTEN DOCUMENTATION IS REQUIRED FOR ANY ABSENCES OF 3 CONSECUTIVE DAYS OF MORE

PLEASE INDICATE BELOW THE SHIFT OR SHIFTS FOR WHICH YOU ARE REQUESTING PAID SICK TIME

Date	Consumer Name	Begin Time	End Time	Hours
07/20/17	John Adams	8:00 AM	10:00 AM	2
07/20/17	John Adams	6:00 PM	8:00 PM	2
07/21/17	John Adams	8:00 AM	10:00 AM	2
07/21/17	John Adams	6:00 PM	8:00 PM	2
TOTAL HOURS				8

By signing below, I acknowledge that I am requesting to use paid sick time for the shifts listed above, and the hours will be deducted from the number of paid sick time hours available to me. I further acknowledge that I may not use more than 40 hours of paid sick time in one year.

Jane Smith

Employee Signature

07/16/17

Date

FOR OFFICE USE ONLY

Hours Available:	Denial Reason:	
Hours Requested:		
Hours Approved:		

EXAMPLE