



## SICK TIME REQUEST FORM

This form must be submitted before taking sick time.

Exception: When accident or illness prevents filing a request before using leave, submit this form immediately upon return to work.

Printed Name: \_\_\_\_\_

Beginning Date Requested: \_\_\_\_\_

Ending Date Requested: \_\_\_\_\_

Total Hours Requested: \_\_\_\_\_ \*

Client Supervisor Notified  Yes  No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Indicate the date(s) taken and include the total number of hours used. Paid sick leave can be used in 1/4 hour increments.*

*A doctor's "return to work" status will need to be attached to any request for 3 days or more of paid sick time.*

*\* Make notation on your timesheet to correspond to this request for time. Reminder that paid sick time is not counted as hours worked for the computation of overtime.*