



## Absence/Sick Pay Request

Employee Name: \_\_\_\_\_

Consumer: \_\_\_\_\_

Shifts Affected: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Type of Absence Requested:

\_\_\_\_\_ Time off without Pay

\_\_\_\_\_ Sick Pay

\_\_\_\_\_ Other (Bereavement, Jury Duty, Maternity/Paternity)

Dates of Absence: FROM: \_\_\_\_\_

TO: \_\_\_\_\_

You must submit requests for absense, other than sick pay, 30 days prior to the first day you will be absent.

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

\_\_\_\_\_  
Date

### SUPERVISOR APPROVAL

\_\_\_\_\_ Approved

\_\_\_\_\_ Rejected

Comments:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE:

Payroll File     Employee File

Has employee passed 90 days?

PAYROLL DATE/COMMENTS:

Amount of Sick Pay Hours Available \_\_\_\_\_

Pay Check Date: \_\_\_\_\_