



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: _____