



Paid Sick Leave Request Form

Employee Name: _____

Date Submitted: _____

Assignment #/Company Name: _____

Dates: Leave Start: _____

Leave End: _____

Who did you notify: _____

Number of Hours Requested: _____

Excerpts from “Employee Handbook”

- *You will accrue at least one hour of paid sick leave for every 30 hours worked.*
- *Sick leave can be used for your own condition, including preventive care, or to care for a family member. “Family member” is defined to include children, parents, grandparents, grandchildren, siblings, spouse and registered domestic partner.*
- *Sick leave can also be used for the employee’s treatment or otherwise to get help as a victim of domestic violence, sexual assault or stalking.*
- *If you separate from employment then are rehired within one year, previously accrued/unused paid sick days will be restored.*
- *Oral requests are acceptable if foreseeable, you must provide “reasonable advance notification” by completing a PSL form.*

Employees who leave (terminate employment) do not receive pay for unused Paid Sick Leave

Employee Signature

Date

APPROVALS:

Supervisor Signature

Date

Payroll Processing

Date