



Employee Paid Sick Day Request Form

To Be Completed by Employee			
Name (First and Last)	Company	Office Location	Department
Date Absent	HS / Time Clock Initials	Employee Signature	Date
Reason For Absence: _____			

Proof on file:			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			

To Be Completed by Manager		
Manager Name (First and Last)	Manager's Signature	Date

To Be Completed by Human Resources			
Employee Past 90 Day Introductory Period	Sick Day Available	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Denial:			

Verified by: (Print HR Name)	Date	Signature	
_____	_____	_____	

1. When completing this form print legibly with black or blue ink
2. Employees are eligible for a paid sick day after completing 90 day introductory period
3. Sick leave is accrued 3 days per year
4. One sick day may be used per quarter