

Request to Use Paid Sick Leave

Please complete this form in advance of your absence, if possible. If it is not possible to complete it in advance, please complete it within three (3) days of your return to work.

Name: _____ Date: _____

Department: _____

Date(s) of absence: _____

Number of hours to be used: _____

Employee Signature: _____

Supervisor Signature: _____

- Effective as of July 01, 2015. You will accrue at least one hour of paid sick leave for every 30 hours worked.
- An employee may use accrued paid sick days beginning on the 90th day of employment.
- 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.

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For Administrative Office Use Only

Number of paid sick leave hours available for use: _____

Verified by: _____ Date: _____