



## Earned Paid Sick Time Request

|                                      |                     |                           |
|--------------------------------------|---------------------|---------------------------|
| Employee Name (Please Print Clearly) |                     | Date                      |
| Job Title                            | Supervisor's Name   |                           |
| Beginning Date of Absence            | End Date of Absence | Number of Hours Requested |

**WRITTEN DOCUMENTATION IS REQUIRED FOR ANY ABSENCES OF 3 CONSECUTIVE DAYS OR MORE**

**PLEASE INDICATE BELOW THE SHIFT OR SHIFTS FOR WHICH YOU ARE REQUESTING PAID SICK TIME**

| Date               | Member | Begin Time | End Time | Hours |
|--------------------|--------|------------|----------|-------|
|                    |        |            |          |       |
|                    |        |            |          |       |
|                    |        |            |          |       |
|                    |        |            |          |       |
|                    |        |            |          |       |
|                    |        |            |          |       |
| <b>TOTAL HOURS</b> |        |            |          |       |

By signing below, I acknowledge that I am requesting to use paid sick time for the shifts listed above, and the hours will be deducted from the number of paid sick time hours available for me to use. I further acknowledge that I may not use more than 40 hours of paid sick time in one year.

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

\_\_\_\_\_  
Date

| FOR OFFICE USE ONLY  |                      |       |
|--|----------------------|-------|
| Submitted: <input type="checkbox"/> By Mail <input type="checkbox"/> By Fax <input type="checkbox"/> In Person | Request Received by: |       |
| Hours Available:   | HR Signature:        | Date: |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  | Supv. Signature:     | Date: |
| <input type="checkbox"/> Sick time entered in MatrixCare   | Payroll Signature:   | Date: |