

PAID SICK LEAVE REQUEST FORM

Employee Name: _____

Date Submitted: _____

Leave Start: _____ Leave End: _____ Return to work: _____

Number of Hours Requested: _____

- 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 upon termination do not receive pay for unused Paid Sick Leave*
- *Employee must work at least 90 days before using any sick day*
- *Employee has a maximum of three (3) days per employment anniversary year*

Employee Signature	Date
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APPROVALS:

Supervisor Signature	Date
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Payroll Processing	Date
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