

## NON-CONTRACTED EMPLOYEE ABSENCE / SICK LEAVE

Employee Name \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_

(UP TO 1 WEEK PER SHEET)

	MON	TUES	WED	THU	FRI	SAT	SUN
<b>DATE</b>							
<b>HOURS ABSENT</b>							

FOR PAYROLL OFFICE USE ONLY
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TYPE OF LEAVE	SICK LEAVE	
SICK EMPLOYEE		
SICK FAMILY <small>(SEE PROCEDURE FOR LIST OF ELIGIBLE FAMILY MEMBERS)</small>		
CLOSURE OF WORKPLACE OR CHILDCARE DUE TO HEALTH RELATED REASONS		

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