

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
DATE							
HOURS ABSENT							

FOR PAYROLL
OFFICE USE
ONLY

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