



## Oregon Sick Time Use Reimbursement Form

Employee \_\_\_\_\_

Employee Number \_\_\_\_\_

Month Ending \_\_\_\_\_

Location of Absence \_\_\_\_\_

Beginning Date	End Date	OR Sick Time Hours Requested	Comments
<b>Total Hours</b>			
<b>Hourly Rate</b>		\$	
<b>Total Pay</b>		\$	

Additional information regarding this law can be accessed at [www.oregon.gov/boli](http://www.oregon.gov/boli)  
Coaching-only positions may use sick time during coaching hours (40 hours have been front-loaded for use).

Send or mail completed form to:  
Payroll, Unit 957  
12400 SE Freeman Way, Milwaukie, Or. 97222

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

\_\_\_\_\_  
Payroll Approver Signature

<b>Payroll Use Only</b>		
Date Used	Number of Hours	Account Code
_____	_____	100.1111.0136.955.000.0000