

Sick Leave Request Form

Employee Name: _____

Last 4 of SSN: _____

Request Sick Pay: _____ For: _____
(# of Hours) (Dates)

Jobsite State Location: _____

Worksite Name: _____

Reason: _____

Employee Signature: _____

Date Signed: _____

EO Branch Approval

Assignment #: _____ Office #: _____

EO Rep Name: _____

Signature: _____

FORWARD TO THE PAYROLL DEPARTMENT

For Payroll Team Use

Timesheet entered Date: _____

Eligibility Award Chosen

Payroll Initials: _____