

Tree of Knowledge Publishing
REQUEST FOR SICK LEAVE FORM

NAME: _____ DEPT: _____

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Request for SICK LEAVE | <input type="checkbox"/> Request for PERSONAL BUSINESS LEAVE
--I certify that this leave is for personal business that cannot be scheduled outside the work day and is not for recreational, avocational or social purposes. |
| <input type="checkbox"/> Request for EMERGENCY LEAVE | |
| <input type="checkbox"/> Request for FAMILY ILLNESS LEAVE | <input type="checkbox"/> Request for BEREAVEMENT LEAVE |
| <input type="checkbox"/> Request for PERSONAL LEAVE | <input type="checkbox"/> Request for EMERGENCY CLOSURE LEAVE |

Date(s) Requested: _____ Total Hours: _____

Reason for Leave: Illness _____ Accident _____ Hospitalization _____

Other: _____

<input type="checkbox"/> SICK LEAVE	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> PERSONAL LEAVE	Annual Allocation 5 days	Per Union Contract	May Use Categories Below
<input type="checkbox"/> Emergency	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> Personal	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> Personal Business	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> Bereavement	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> Family Illness	Hrs accumulated _____	Hours to be taken _____	Balance _____
<input type="checkbox"/> EMERGENCY CLOSURE	Hrs accumulated _____	Hours to be taken _____	Balance _____
	(3 days)		
Verified by Personnel _____		Date _____	

Request for **UNPAID LEAVE**

Date(s) requested _____ Total hours _____

Reason for Leave: _____

JURY DUTY Date(s) _____ Total hours _____

Signature of Employee: _____ Date _____

Signature of Program Mgr: _____ Date _____

Signature of Director/Supt: _____ Date _____

FORM PROCEDURE:

1. Employee completes and signs form, submits to Program Manager (if applicable); Program Manager signs and submits to Director;
2. Director signs and submits to Personnel Department;
3. Personnel Department completes blocked section, makes copies and return to department administrative assistant;
4. Department administrative assistant distributes form copies as stated below.

COPIES TO: PERSONNEL DEPT; BOOKKEEPING WITH TIMESHEET and EMPLOYEE