Sick Leave

Date: ______________________

Employee’s Name: ________________________________

Department: ________________________________

First Day of Sickness: __________

Last Day of Sickness: __________

If only part of day – Hours Only: ______

Please note: A Doctor’s certificate must be provided to the Business Manager’s Office where any employee is absent from work for two (2) or more consecutive days.

☐ Doctor’s Certificate attached

Employee’s Signature: ____________________________ Date: __________

Payroll Use Only

Posted:  Date: