TimeClick

Sick Leave Request Form

Company name: _____

Note for employers: some state and local paid sick leave laws limit the notice, reasons and documents you can ask for. Check your law before adding questions to this form.

Employee information

Employee name: _____ Employee ID: _____

Department: _____ Supervisor: _____ Date submitted: _____

When is this request being made? (check one)

☐ Before the leave (planned, such as a medical appointment) ☐ After the leave (unplanned)

If after: date and time I told my supervisor: _____

Type of need (check one)

☐ My own illness, injury or medical care ☐ Care for a family member

☐ Other reason covered by our sick leave policy or local law

Dates and hours

First day off: _____ Last day off: _____ Return to work: _____

Partial day only: from _____ to _____ on _____ Total hours requested: _____

Balance

Current sick leave balance (hours): _____ Balance after this request (hours): _____

Employee signature

Signature: _____ Date: _____

Manager decision

☐ Approved ☐ Approved with changes: _____

☐ Not approved. Reason: _____

Manager name: _____

Signature: _____ Date: _____

Payroll or HR use

Entered in time records on: _____ By: _____