

# Paid Sick Leave Request Form

Employee Name:  
Employee ID #:

Customer Name:

Date Submitted:

Assignment Number:

Dates:

Leave Start:

Leave End:

Returning to Work:

Number of Hours Requested:

PSL Hours Employee Has Available:

COMMENTS/NOTES:

- You will accrue at least 1 hour of paid sick leave for every 30 hours worked.
- Sick leave can be used for your own condition, including preventive care, or to care for family member. "Family member" is defined to include children, parents, grand-parents, grandchildren, siblings, spouse, and registered partner.
- Sick leave can for employee's treatment or otherwise to get help as a victim of domestic violence, sexual assault or stalking
- If you separate from employment then are rehired within the same year, previously accrued/unused paid sick leave days will be restored.
- All internal employees must complete this PSL form prior 3 days from the appointment
- Employees who are Terminated do not receive pay for unused Paid Sick Leave

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**For Employnet office use only**

YES. PLEASE BILL BACK CLIENT

**NO. DO NOT BILL BACK CLIENT. THANK YOU!**

**APPROVALS :**

\_\_\_\_\_  
Payroll Processing Note

\_\_\_\_\_  
Date Received

***Please Email this form to your local branch contact. Thank you!***