

[Name of Company]

### Paid Sick Leave Request Form

This form must be submitted at least 10 days prior to a planned medically related issue request for leave and as soon as *practicable* at a time of an emergency/sick leave request.

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Type and Hours of Leave Requested:**

\_\_\_\_\_ Paid Sick Leave                      Number of Hours: \_\_\_\_\_

\_\_\_\_\_ Paid Vacation Leave                      Number of Hours: \_\_\_\_\_

\_\_\_\_\_ Unpaid Leave                      Number of Hours: \_\_\_\_\_

Date(s) of the requested leave: \_\_\_\_\_

I certify that by requesting more hours of Paid Sick Leave than I have, or will have accrued at the time of my leave; the remainder of my request must be taken in unpaid time off. I certify that should I become ill, or need additional sick time, yet none has accrued, I will not be eligible for additional paid sick leave until such time that I have accrued additional paid sick leave hours.

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

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**For office use only**

Number of accrued, or anticipated accrued paid sick leave hours requested and approved: \_\_\_\_\_

Number of vacation hours requested and approved: \_\_\_\_\_

Number of requested hours not accrued, or anticipated to be accrued, but approved for unpaid

leave: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Owner/Designee Signature

\_\_\_\_\_  
Date

*Copy: Employee*

*Copy: Payroll*

*Original: Personnel File*