

SICK LEAVE FORM

Employees (*permanent employees or employees with contract for 912 hours or greater*) are required to complete and submit this form to their supervisor by the end of the month in which the absence occurred. Indicate the appropriate leave **code** and **amount of time** you were absent in the calendar below.

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

DATE: _____

MONTH:			YEAR:		
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

SICK LEAVE (*eligibility for sick leave - permanent employee or temporary employee with a contract of 912 hours or greater*)

DESCRIPTION	CODE (<i>indicate code in calendar above</i>)
Sick	SL
Child Illness (under 12 years of age)	CI

COMMENTS: (if any)

EMPLOYEE signature

DATE

(If I am paid at 100% for an absence that is subsequently supported as STD, I authorize UFV to make an adjustment to my pay in a subsequent pay period.)

★ **NOTE TO SUPERVISOR:** Any sick leave greater than 4 consecutive days must have a UFV **DOCTOR'S CERTIFICATE** attached to the Absence Report Form. This is the only document to support medical leave that will be accepted. Form(s) must be forwarded to Human Resources when signed.

SUPERVISOR NAME AND SIGNATURE

DATE