Sick Leave Request

(Student/Temporary Staff)

Name:	Date:
Department:	PUC ID:
Have you worked at least 90 days for Pacific Union College? Yes	No
Date of Hire: Month Day Year	
Scheduled Work Date: From MM/DD/YY To	MM/DD/YY
Scheduled Work Time: From a.m./p.m. (circle one) To	a.m./p.m. (circle one)
Total Sick Leave time requested: Hour(s) Available Sick Leave in Bank: Hour(s)	
Employee Signature: Date:	
Supervisor Signature:	Date:
Student Employment Signature:	Date:

Submission Procedure:

1. Complete and submit your request form to your supervisor at least 24 hours prior to requested time off or as soon as possible for sudden illness.

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- 2. As much as possible arrange request to the mutual benefit of the employee and the department.
- 3. The department time keeper enters the sick leave in the time clock.
- 4. Department submits the leave form to Student Employment office (for tracking purposes).