

SICK LEAVE REQUEST
(Part-Time/Student Worker/Temporary Staff)

Name _____ Date _____

Department _____ PUC ID# _____

Have you worked at least 90 days for Pacific Union College? Yes _____ No _____

Date of Hire (mm/dd/yyyy): _____

Scheduled Work Date(s) (mm/dd/yyyy): From _____ to _____

Scheduled Work Time: From _____ a.m./p.m. 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.
2. If you didn't report to work, fill out form and turn it in within 24 hours of returning to work.
3. As much as possible arrange request to the mutual benefit of the employee and the department.
4. The department timekeeper enters the sick leave in the time clock.
5. Department submits the leave form to Student Employment office (for tracking purposes).