

Use of Sick Leave Form

When claiming sick leave for more than one position, use a separate form for each job.

Date: _____ Non work-study/PEAK Student ☐ Temporary Employee ☐

Name (Print): _____ ID# _____

Department: _____ Job Title: _____

Date of Sick Leave Taken	Number of Sick Leave Hours Taken
Total	

Employee Signature: _____

Supervisor Name (Print): _____

Supervisor Signature: _____

Payroll Use Only				
Position #/Suffix	Earn Code	Hours	Rate	Total
	LSB			
	LSB			