SICK LEAVE

DATE: _____ ☐ _____
☐ _____

NAME: _____ ☐ _____
☐ _____

Type of Absence Needed:

☐ **Sick Leave** ☐ **Long Term Sick Leave**

Reason For Request: _____

_____

Date(s) of Leave: _____

Total hours requested: _____ **PAID SICK TIME:** **YES** **NO**
(If Sick time hours available)

Date Returning to Work: _____

Client name(s) who will be affected by your leave:

1 _____ **3** _____

2 _____ **4** _____

OFFICE STAFF ONLY

☐ **Confirmed w/ Caregiver(s):** _____
☐ **Confirmed w/ Fill In Caregiver:** _____
☐ **Confirmed w/ Client or Family:** _____

☐ **Approved By:** _____

☐ **Denied (Reason):** _____

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