



Sick-Leave Hours Request / Application Form

I, _____, having provided the Human
(Please print your name legibly)
Resources director with a physician’s verification that I have an illness or injury, or that
my spouse, domestic partner, child, or parent has an illness or injury, request
_____ hours of donated sick leave time from the Sick Leave bank.
(total # of days)

I attest I have exhausted all other paid time off (vacation, sick leave, floating holiday).

(Signature of applicant)

(Date)