

Name:	Date:
Department:	AU ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This form is to be used to provide paid time off for employees and may be used as follows: (1) starting with the fourth day of an illness (requires three consecutive workdays of absence due to the illness, to be claimed as short-term sick hours from the paid leave bank; in the absence of sufficient paid leave hours, some or all of the three days may be unpaid), (2) starting with the first day of hospitalization/out-patient surgery where a period of recovery beyond three days is necessary, or the first day of a worker's compensation injury.

IMPORTANT: The first application for long-term sick leave for an illness must be accompanied by a physician's statement which indicates the nature of the illness, disability, or incapacity and the anticipated period of absence from work.

- First application for this long-term illness. Physician's statement attached.
- A continuation of a previously reported illness under the long-term sick leave policy.

Hours Requested:

<input type="text"/>	<input type="text"/>	<input type="text"/>	0
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Week Ending Date:

Hours Minute

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month

Day

Approval: _____
(Department Head or Supervisor)

Signed: _____
(Signature of Employee)

Please submit completed form to Benefits