



## APPLICATION FOR SICK LEAVE PAY

- Instructions:
- NOT TO BE COMPLETED FOR ON-THE-JOB INJURY.
  - All information must be completed; please print clearly.
  - A sick leave form must be turned in for each pay period.
  - IF OFF MORE THAN 5 DAYS, YOU MUST HAVE DOCTOR'S RELEASE.
  - **DOCTOR'S NOTE MUST INDICATE ABSENCE WAS FOR "ILLNESS" OR "INJURY."**

\_\_\_\_\_  
Dispatcher

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Date of Absence \_\_\_\_\_, 20\_\_\_\_ Nature of Absence:    Illness  Personal Injury  Kincare

Doctor's Note Attached?    Yes     No  **(Dr.'s note stating "injury" req. to be paid for 1st day of personal injury)**

Date Last Worked \_\_\_\_\_, 20\_\_\_\_ Were you relieved on scheduled run?    Yes     No

Date Returned to Work \_\_\_\_\_, 20\_\_\_\_ Regular Days Off \_\_\_\_\_ & \_\_\_\_\_

Were you hospitalized?    Yes     No     Date Admitted \_\_\_\_\_, 20\_\_\_\_ Date Discharged \_\_\_\_\_, 20\_\_\_\_

Hospital \_\_\_\_\_  

Name
Address
City
State
Zip Code

Are You Filing for State Disability Insurance?    Yes     No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Pay Period Ending \_\_\_\_\_ Available Sick Hours \_\_\_\_\_ Available Kincare Hours \_\_\_\_\_  
(Contact HR)

MONTH															
DAYS OFF															
HOURS OF DAY															

\_\_\_\_\_  
TOTAL SICK HOURS PAID

\_\_\_\_\_  
APPROVED KINCARE HOURS

\_\_\_\_\_  
PAYROLL SIGNATURE & DATE

\_\_\_\_\_  
HUMAN RESOURCE SIGNATURE & DATE

W = Waiting Period    COMMENTS: \_\_\_\_\_  
O = Regular Days Off    \_\_\_\_\_  
H = Holiday    \_\_\_\_\_