



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 Kinicare

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 Kinicare 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
O = Regular Days Off
H = Holiday

COMMENTS: _____

