



REPORT OF ABSENCE EMPLOYEES

(Student, Professional Experts,
Seasonal, Short-term, Substitute)

Employee Information

Name		SS No/Banner ID	
Department		Position	

Request for Paid Sick Leave

Healthy Workplaces Healthy Families Act of 2014 Paid Sick Leave	Sick Leave hour(s)
Date(s) Taken	

Signatures (Approval)

Employee		Date	
Supervisor		Date	
Vice President		Date	

-FILE WITH PAYROLL DEPARTMENT-
-SUBMIT WITH TIMESHEET-