

Paid Sick Leave Request Form

Please fill out this form to request paid sick leave. After completing the form, print it out and submit it to your supervisor or HR department for approval.

Employee Information

Employee Full Name:

Employee ID Number:

Department / Team:

Supervisor / Manager Name:

Leave Details

Leave Start Date (MM/DD/YYYY):

Leave End Date (MM/DD/YYYY):

Total Paid Sick Leave Hours Requested:

Reason for Leave (e.g., Illness, Medical Appointment, Family Care):

Acknowledgment and Signatures

By signing below, I certify that I am requesting paid sick leave for the reason specified above and that I will adhere to company policies regarding sick leave usage.

Employee Signature: Date:

For Administrative / Supervisor Use Only

Request Status (Approved / Denied):

Approver Name and Title:

Supervisor Signature: Date:

Notes / Comments: