



SICK LEAVE TIME OFF REQUEST FORM

Utilization of Sick-Time

- For utilization of available sick-time, please note the following when making this request:
 - This request must align with your typical work schedule
 - Days of the week
 - Number of Hours per Standard Shift
- Requests are limited to 40 hours per year, regardless of hours available
- All unused hours will roll over and adhere to the USE CAP below:
 - The new continuous accrual cap is 10 days or 80 hours of paid sick leave, whichever is greater

Today's Date: ____ / ____ / ____

Employee FULL NAME: _____

Participant FULL NAME: _____

Request Start Date: ____ / ____ / ____ Request End Date: ____ / ____ / ____

Number of Hours per Day: _____ (ex. 3 or 6) ****typical shift length**

Total Number of Hours Requested: _____ (ex. 12 hours)

Comments: _____

Employee: Please submit this the Worksite Employer (Participant / Representative / Family) for approval.

Worksite Employer: Please submit this to sequoiahr@sequioasd.com to process.

Employee Signature: _____ Date: ____ / ____ / ____

Participant/Representative Signature: _____ Date: ____ / ____ / ____