SequoiaSD
Part of the AssuranceSD Family

SICK LEAVE TIME OFF REQUEST

Participant's Full Name: _____ Date: _____

UTILIZATION OF SICK TIME

For utilization of available sick time, please note the request must align with your typical work schedule including days of the week and number of hours per standard shift.

Requests are limited to 40 hours a 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.

Employee Full Name: _____

Request Start Date: _____ Request End Date: _____

Number of Hours Per Day: _____ Rate Per Hour: _____ Total Number of Hours Requested: _____

*(Ex. 3 or 6) **typical shift length* *(Ex. 12 hours)*

Comments:

Employee: Please submit this to the Worksite Employer for approval.

Worksite Employer: Please submit this to SequoiaHR@SequoiaSD.com to process.

Employee Signature: _____ Date: _____

Employer / Authorized Representative Signature: _____ Date: _____