

Form "F"

Pierce Township  
Application For Use Of Sick Leave

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_

A. I hereby apply for use of accrued sick leave: (Please put number of hours used)

____ Monday	____ / ____ / ____	____ Monday	____ / ____ / ____	____ Monday	____ / ____ / ____
____ Tuesday	____ / ____ / ____	____ Tuesday	____ / ____ / ____	____ Tuesday	____ / ____ / ____
____ Wednesday	____ / ____ / ____	____ Wednesday	____ / ____ / ____	____ Wednesday	____ / ____ / ____
____ Thursday	____ / ____ / ____	____ Thursday	____ / ____ / ____	____ Thursday	____ / ____ / ____
____ Friday	____ / ____ / ____	____ Friday	____ / ____ / ____	____ Friday	____ / ____ / ____
____ Saturday	____ / ____ / ____	____ Saturday	____ / ____ / ____	____ Saturday	____ / ____ / ____
____ Sunday	____ / ____ / ____	____ Sunday	____ / ____ / ____	____ Sunday	____ / ____ / ____

B. For the following reasons:

- \_\_\_\_ 1. Personal Illness. Nature of Illness: \_\_\_\_\_
- \_\_\_\_ 2. Personal Injury. Nature of Injury: \_\_\_\_\_
- \_\_\_\_ 3. Illness in immediate family: \_\_\_\_\_  
(Relationship)
- \_\_\_\_ 4. Death in immediate family \_\_\_\_\_  
(Relationship)

I swear or affirm that the above statements are true:

\_\_\_\_\_  
(Signature of Employee)

C. **Administrative Action**

Recommended	_____	Approved	_____
Not Recommended	_____	Not Approved	_____

\_\_\_\_\_  
(Supervisor) (Date)

\_\_\_\_\_  
(Board of Trustees) (Date)

Certificate from Physician attached: \_\_\_\_ Yes \_\_\_\_ No