

# SICK/FMLA LEAVE



Revised: 12/12/12

Employee Name: \_\_\_\_\_ (Print) Employee Number: \_\_\_\_\_

Date & Time Absent *(May be used for multiple dates within the same pay period.)*

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours/Minutes Absent: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Hours/Minutes Absent: \_\_\_\_\_

## SICK

I am hereby requesting approval for usage of Sick Leave for the following reasons:

- My own illness or injury.
- Illness or injury of a member of my immediate family requiring my presence. Immediate family means spouse, parent, child, step-child, or parent-in-law.
- Doctor and dental appointments that cannot be scheduled during non-working hours.
- Day of the birth of my child.
- Day when the child is brought home from the hospital.
- Illness or legal/housing matter's associated with legal ward.

I am requesting that this sick leave usage be charged against a previous occurrence, as follows:

Date: \_\_\_\_\_ Hours/Minutes Absent: \_\_\_\_\_

For the following reasons: \_\_\_\_\_

## FMLA

I am requesting that this sick leave usage be charged against an approved FMLA request:

Date: \_\_\_\_\_ Hours/Minutes Absent: \_\_\_\_\_

In requesting approval for sick leave usage, I understand that sick leave is not an entitlement to annual paid time off; it is only to be used for one of the qualifying situations listed above. I also understand that abuse of sick leave or dishonesty in connection with sick leave will result in discipline, up to and including discharge.

\_\_\_\_\_  
Employee Signature Date

### Sick Leave Request Approved:

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Township Administrator Date

<b>Office Use:</b>	
Jesse	_____
Kim	_____
Terri	_____
<i>(FMLA Only - original)</i>	