



Paid Sick Leave Request Form (Associate)

Absence Request

Associate Name _____

Date _____

To Payroll

☐ I **shall** be absent from the work

☐ I **have been** absent from the work

Date(s): _____

Date(s): _____

Number of days: _____

Number of days: _____

Number of hours: _____

Number of hours: _____

☐ Illness ☐ Kin Care ☐ Associate believes this absence may qualify for Family Medical Leave (FMLA)

Kin Care Use Request

Associate Name _____

Assignment _____

I have been/will be absent on _____ (date) for a reason that qualifies as kin care.

Note that absences that are covered by kin care include an illness of your child, parent, spouse, registered domestic partner, or registered domestic partner's child.

By signing below, I am requesting that the above absence be charged against my sick leave and be counted as kin care, and I am certifying that the time off stated above meets the definition of kin care.

I understand that providing false information about the use of sick leave, including the use of sick leave for kin care, is a violation of company policy and that I may be disciplined or terminated for such a violation of company policy.

Associate's Signature _____

Date _____

Supervisor's Signature _____

Date _____

For Office Use:

☐ Pay Associate –Billable to Client

☐ Pay Associate-**NOT** Billable to Client

Client Name: _____

Mark-Up%: _____