

Employee Request to Receive Shared Paid Sick Leave

Employee Name: _____

I currently need or will need additional paid sick leave (please explain):

Employee's Signature

Date

To Be Completed by the Employer

<input type="checkbox"/> Approved	By: _____	Date: _____
<input type="checkbox"/> Denied	By: _____	Date: _____
If denied, reason:		

Paid Sick Leave Hours Available: _____

Donated Paid Sick Leave Transactions:

Paid Sick Leave Donated From (Employee Name)	Hours Donated	Date Donated Leave Added to Requesting Employee Paid Sick Leave Balance	Date Donated Paid Sick Leave Used