



## Employee Notice for Use of Paid Sick Leave

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date Submitted

I am providing notification of my use of paid sick leave for the following date(s) and hour(s):

Date	Total Hours

\* Documentation is required for use of paid sick leave more than three (3) consecutive days.

\_\_\_\_\_  
Employee's Signature

Documentation Provided (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date

**Office Use Only**

Paid Sick Leave Hours Used: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

Comments: \_\_\_\_\_