



Paid Sick Day Request Form

Healthy Workplaces/ Healthy Families Act of 2014

Please submit this form for approval:

Today's Date: _____

Client Name: _____

Employee Name: _____

Employee last 4 digits of SS number: _____

Department: _____

Days Requested: _____

Signature of Employee: _____

Date: _____

Supervisor: ☐ Approved ☐ Denied Reason _____

Signature: _____

Print Name: _____

Date: _____

For Office Use Only

Date Process _____

Hours process _____

Uploaded into employee profile: ☐

Denied Reason: ☐ Has not meet 90 days

☐ Insufficient Sick Hours