

 **SICK LEAVE FORM**

 **Control No.MHM091619-08**

 **Revision No. 000**

 **Effective Date: Sept. 16, 2019**

**DATE:**

|  |  |
| --- | --- |
| **Employee Name:** | **Department:**  |
| **SPECIFIC REASON (S):**  |
| **Sick Leave from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sick Leave to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Day (s):** \_\_\_\_\_ |
| **W With Pay** **W/O Pay****Approved: \_\_\_** | **Disapproved: \_\_\_** |
|  **Noted by: Approved by:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Employee Signature Signature Over Printed Name ROMEO J. MARTIN JR.*** **IMMEDIATE SUPERIOR General Manager** |



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