

**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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