



## Paid Sick Leave Request Form

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Today's Date: \_\_\_\_\_

Date You Notified Sentech of Your Intent to Use Paid Sick Time: \_\_\_\_\_

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

Last 4 digits of SS#: \_\_\_\_\_

### Reason For Using Paid Sick Time (check below)

For preventative medical care for myself or to care for/treat/diagnose my own physical or mental illness, injury or medical condition;

For preventative medical care for my child/parent/spouse or to care for/treat/diagnose a physical or mental illness, injury or medical condition of my child/parent/spouse;

For medical or legal reasons pertaining to domestic violence or sexual assault for myself or my child/parent/spouse;

For closure of my work location or my child's school by a public health official due to a public health emergency.

Date(s) of Paid Leave: \_\_\_\_\_

Number of Paid Leave Hours: \_\_\_\_\_

Documentation Provided: \_\_\_\_\_

*If multiple days are requested you must specify how many hours per day are being requested.*

*I understand that my employer is not required to provide earned sick time for any purposes other than those listed above.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Last 4 digits of SSN

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### *office use only*

Eligible assignment start date: \_\_\_\_\_

Total sick time hours earned (max 40): \_\_\_\_\_

Total sick time hours previously paid: \_\_\_\_\_

Total sick time hours paid for this request: \_\_\_\_\_

Date paid for this request: \_\_\_\_\_