Employee Request to Receive Shared Paid Sick Leave

|  |  |
| --- | --- |
| Employee Name | Employee ID |

I currently need or will need additional paid sick leave (please explain):

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |  |  |
| Employee’s Signature |  | Date |

**To Be Completed by the Employer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  Approved |  | By: |  |  | Date: |  |
| [ ]  Denied |  | By: |  |  | Date: |  |
| If denied, reason: |  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Paid Sick Leave Hours Available: |  |

Donated Paid Sick Leave Transactions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Paid Sick Leave Donated From (Employee Name)** | **Hours Donated** | **Date Donated Leave Added to Requesting Employee Paid Sick Leave Balance** | **Date Donated Paid Sick Leave Used** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |