Employee Request to Receive Shared Paid Sick Leave

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

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

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| Employee’s Signature |  | Date |

**To Be Completed by the Employer**

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| --- | --- | --- | --- | --- | --- | --- |
| Approved |  | By: |  |  | Date: |  |
| Denied |  | By: |  |  | Date: |  |
| If denied, reason: | |  | | | | |
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| Paid Sick Leave Hours Available: |  |

Donated Paid Sick Leave Transactions:

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| --- | --- | --- | --- |
| **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** |
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