



Human Resource Services

Sick Leave Information Request

(For use by Payroll Services and Human Resource Services)

TO: _____
 Human Resource Services

FROM: _____
 Payroll Services

Work Site / Department:	
Date and Time:	
Employee Name:	
Social Security Number:	
Classification Title:	

<input type="checkbox"/> Elementary School	<input type="checkbox"/> Middle School	<input type="checkbox"/> High School	<input type="checkbox"/> Adult Ed	<input type="checkbox"/> Other
Employee Type:	<input type="checkbox"/> Certificated	<input type="checkbox"/> Classified		
Work Hours:	<input type="checkbox"/> Other			

Information:

As of Date	Sick Leave Balance	Comments

Verified by: _____

Date: _____