



# SICK TIME REPORTING FORM

**To assist with the keeping of accurate records, please submit this form to the building/office Secretary responsible for reporting attendance data to the Payroll Department as soon as possible.**

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

Work Location: \_\_\_\_\_

Department: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of Absence					
Numbers of Hours Absent					
Substitute's Name (if necessary)					

I am requesting to use COVID sick days. I understand that if this request exceeds the COVID days available, time will be taken from regular sick days.

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

\_\_\_\_\_  
Supervisor Approval Signature Date