Sick Leave Request Form for Eligible Temporary Staff

The temporary worker:
- completes the top section of this form
- submits it to his/her supervisor at earliest possible date

The supervisor:
- verifies that the staff member is eligible for sick time
- completes the bottom section of the form

All sick time should comply with relevant University policies. See Human Resources Policy 114: Temporary Extra Persons. Policy or eligibility questions may be directed to your school/center human resources professional or Division of Human Resources, Staff and Labor Relations (215-898-6093).

Staff Member Name: 

PENN ID Number ___________________________ Department ___________________________

<table>
<thead>
<tr>
<th>Date(s) Sick Leave Requested</th>
<th># of Days Requested</th>
<th># of Hours Requested</th>
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</thead>
<tbody>
<tr>
<td>___________________________</td>
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Total Sick Leave Requested

___________________________  __________________________

Further Explanation (if needed)

__________________________________________________________

___________________________  __________________________

Staff Member’s Signature Date

Supervisor’s Recommendation: Comments

( ) Request Approved

( ) Request Approved with following modification:

( ) Not approved for following reason:

___________________________  __________________________

Supervisor’s Signature Date

7/2/2015