



## Application for Sick Leave APC Contract Employees with less than 12 months of service

- COMPLETED FORM MUST BE SUBMITTED PRIOR TO PAYROLL CUT-OFF (REFER TO PAYROLL CUT OFF SCHEDULE FOR SPECIFIC DATES).
- EMPLOYEES ARE RESPONSIBLE TO ENSURE THEY HAVE SUFFICIENT LEAVE CREDITS. IF THERE ARE INSUFFICIENT LEAVE CREDITS, THE UNEARNED LEAVE WILL BE CONSIDERED AS ABSENCE WITHOUT PAY AND THE EMPLOYEE'S PAY WILL BE ADJUSTED ACCORDINGLY.

BANNER ID: A	DEPARTMENT:
LAST NAME:	FIRST NAME:

**LEAVE REQUEST:**

<input type="checkbox"/> SICK LEAVE		
TOTAL NUMBER OF DAYS: _____	TOTAL NUMBER OF HOURS: _____	
START DATE: _____	END DATE: _____	RETURN TO WORK: _____

**FOR DEPARTMENTAL USE ONLY:**

Employee:	Date:
Supervisor:	Date:
Departmental:	Date:

**FOR HR & PAYROLL USE ONLY:**

<p>Processing Details:</p> <p><input type="checkbox"/> Verified in PEALEAV</p> <p>HR Signature: _____</p>	<p>Payroll Use Only:</p> <p><input type="checkbox"/> PHA HOUR</p> <p><input type="checkbox"/> PEALEAV</p>
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