WWPS Casual Employee Request for Use of Paid Sick Leave

Employee Name				Date Submitted			
Please fill out and of the month follo			' oll as soon	ı as possible	but no late	er than the 5 th bu	siness day
Substitutes, coac paid sick leave fo				ner casual e	mployees m	nay accrue one (1) hour of
You may request assignment or the			•		•	oreviously comm	itted
 When you d 	yourself or a or a family me	a family member (p nember is the victin	please refer to m of sexual as	RCW 49.46.2 sault, domesti	c violence, or	list of eligible family stalking. cial for any health-re	·
I am providing no	tification c	of my use of pa	id sick leav	e for the fol	lowing date	(s) and time(s):	
Date	S	Shift Type	Shift	period	To	otal Hours	
	☐ Full	☐ Half Day	☐ am ☐	pm 🗌 all			
	☐ Full	☐ Half Day	am] pm ☐ all			
	☐ Full	☐ Half Day	am] pm[] all]
	Full	☐ Half Day	am] pm[] all			-
	☐ Full	☐ Half Day	am] pm□ all			
Employee's Signature	<u> </u>			_		Date	
				_			
Supervisor's Signature	3					Date	
To Be Complete	ed by the	Employer					
Paid Sick Leav	<u>/e Hours I</u>	Used:					
Remaining Bal	ance:						
Comments:							