Sick leave notice

Use this form to record a sick day. Complete it when you call out or when you return. You do not need to describe your illness or give medical details.

Employee name: _____

Position: _____

Location: _____

Manager: _____

Absence

Date	Scheduled shift	Hours missed	Paid sick hours used

How you gave notice

Person notified: _____

Date and time notified: _____

☐ Phone call ☐ Text ☐ Scheduling app ☐ Email ☐ In person

Leave used for (optional)

☐ My own health ☐ Care of a family member ☐ Other reason allowed under our sick leave policy

_____ _____

Employee signature Date

Payroll use only

Sick leave balance before: _____

Hours used: _____

Balance after: _____

_____ _____

Recorded by Date

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