

Paid Sick Leave Request Form:

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL:	Week Ending:
Date:									Company Assigned to:
Sick Time Hours:									Employee Name: (Print)
QUALIFYING REASONS FOR PAID SICK LEAVE:									Employee Signature:
<ul style="list-style-type: none">• Diagnosis, care or treatment of an existing health condition for yourself or a family member.• Preventative care for yourself or a covered family member.• For certain, specified purposes when the employee is a victim of domestic violence, sexual assault or stalking.									Supervisor Name: (Print)
									Supervisor Signature:
									Date:
 <p>RICHMAR ASSOCIATES INC STAFFING WITH QUALITY SINCE 1977</p> <p>283 Brokaw Road Santa Clara, CA 95050 408-727-6070 -tel. 408-727-4465 -fax</p>									Hours Approved by Benefits:
									Benefits Signature:
									Date: