

**P04-00130 - Sick Leave**

1. **Employee Name:** [REDACTED]

2. **Supervisor Name:** [REDACTED]

3. **Requesting Department:** [REDACTED]

4. **Requesting Date:** [REDACTED]

5. **Requesting Time:** [REDACTED]

6. **Requesting Reason:** [REDACTED]

7. **Requesting Status:** [REDACTED]

8. **Requesting Approval:** [REDACTED]

9. **Requesting Comments:** [REDACTED]

10. **Requesting Signature:** [REDACTED]

11. **Requesting Date:** [REDACTED]

12. **Requesting Time:** [REDACTED]

13. **Requesting Reason:** [REDACTED]

14. **Requesting Status:** [REDACTED]

15. **Requesting Approval:** [REDACTED]

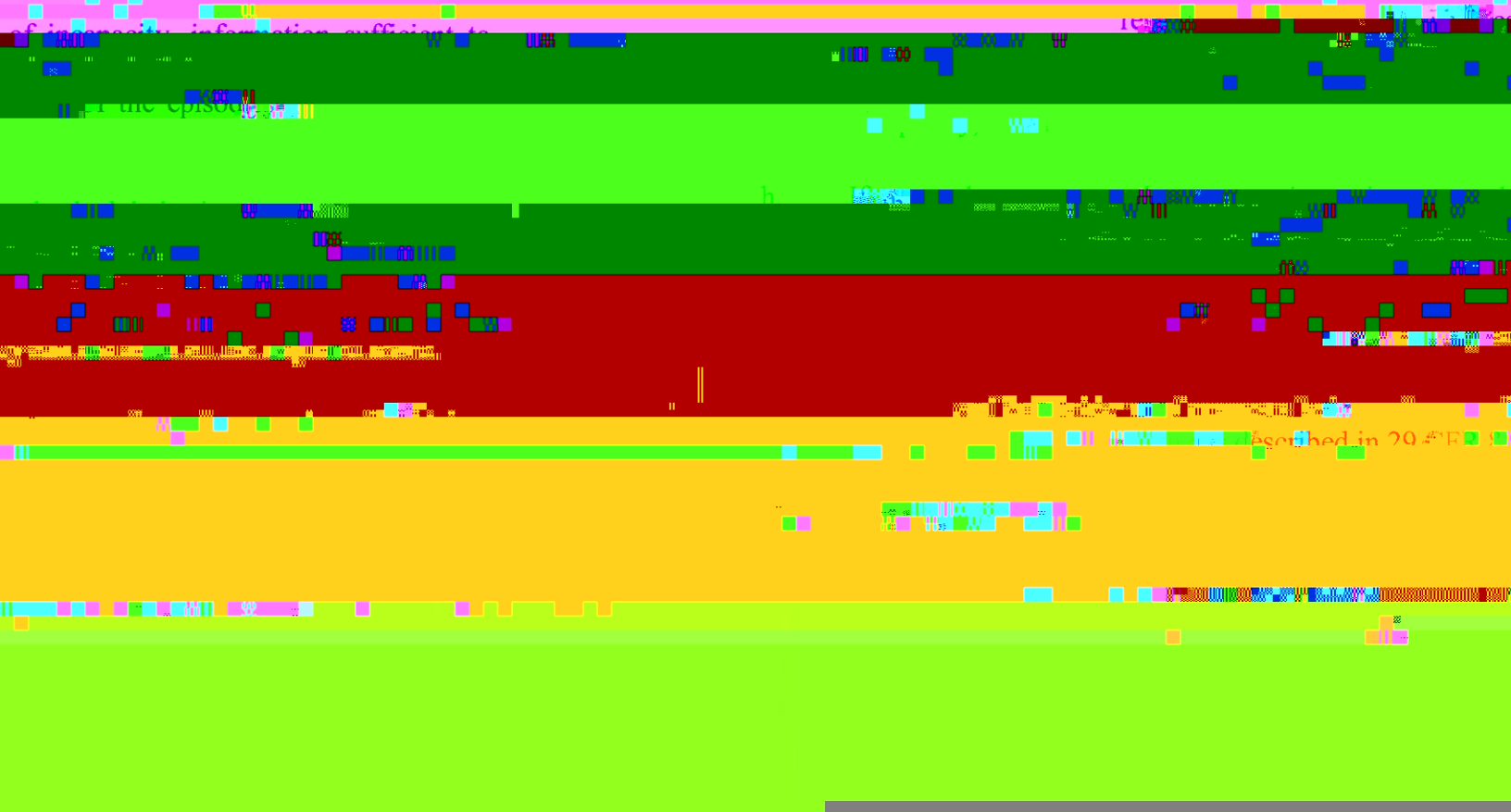
16. **Requesting Comments:** [REDACTED]

17. **Requesting Signature:** [REDACTED]

18. **Requesting Date:** [REDACTED]

and its probable duration;

c. A state shall provide a description of appropriate medical services for a child's health services.



a. Exempt, an

2. At termination, all sick leave accumulated is a





the funeral of a deceased

§ 87(2)(b)

§ 87(2)(b)

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upon exhaustion of appeals

third year of disability for an employee with a work-related injury or illness, or

the duration of the 2012-2013 fiscal year's 103 assignments

§ 87(2)(b)

§ 87(2)(b)

§ 87(2)(b)

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13. The following requests, which are for coverage of the following: **Security**, **Personal**, **Human Resources**





Sick leave donated and used by the donor is the property of the recipient and will not be returned to the donor.

**Donor/Leave Share Recipient**

In accordance with the Donor/Leave Share Recipient Agreement, I hereby certify that I am a leave share recipient pursuant to a bona fide employee split.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

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Fax

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E-mail

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Employer

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Employer Address

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Employer City, State, Zip

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