

## **EMPLOYEE NOTICE FOR USE OF ACCRUED PAID SICK LEAVE**

<u>Planned Use</u>: If the need for paid sick leave is foreseeable, employees are required to notify AWG at least ten (10) days advance, or as early as feasible.

<u>Unplanned Use</u>: If the need for paid sick leave is unforeseeable, employees are required to notify AWG as soon as possible before the required start of their shift, unless it is not practicable to do so. PER POLICY, a minimum of one (1) hour notice prior to the start of your shift is required, when possible.

Employee Name	:			Date:
Date	Shift Type	Start Time	End Time	Total Hours Requested
	🗌 Full 🗌 Partial	AM PM	🗌 AM 🗌 PM	
	🗌 Full 🗌 Partial	🗌 AM 🗌 PM	🗌 AM 🗌 PM	
	🗌 Full 🗌 Partial	AM PM	AM PM	
	🗌 Full 🗌 Partial	AM PM	🗌 AM 🗌 PM	
	🗌 Full 🗌 Partial	🗌 AM 🗌 PM	🗌 AM 🗌 PM	

Attach documentation for use of paid sick leave of more than three (3) consecutive days.

Please refer to AWG's Paid Sick Leave Policy for guidance on approved use of leave.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE

PLEASE OBTAIN SUPERVISOR SIGNATURE BELOW INDICATING ACCURACY OF ATTENDANCE ON THE ABOVE REQUESTED DATES.

SUPERVISOR NAME

SUPERVISOR SIGNATURE

DATE

**COWLITZ COUNTY** 1104 14<sup>TH</sup> Ave Longview, WA 98632 P: 360.200.4900 | F: 360.846.1894 CowlitzJobs@AmericanWorkforceGroup.com **THURSTON COUNTY** 4250 Martin Way E STE 103 Olympia, WA 98516 P: 360.338.6900 | F: 360.242.8089 ThurstonJobs@AmericanWorkforceGroup.com