

# American Workforce Group, Inc.

COWLITZ CO SUBMISSIONS:  
CowlitzJobs@AmericanWorkforceGroup.com

Fax: (360) 846 – 1894

THURSTON CO SUBMISSIONS:  
ThurstonJobs@AmericanWorkforceGroup.com

Fax: (360) 242 – 8089



## EMPLOYEE NOTICE FOR USE OF ACCRUED PAID SICK LEAVE

Planned Use: 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.

Unplanned Use: 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
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

☐ Documentation is attached (if necessary) for use of paid sick leave of more than three (3) consecutive days for which I am/was required to work.

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGN

\_\_\_\_\_  
DATE

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