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SICK LEAVE ABSENCE RECORD

EMPLOYEE	EMPLOYEE ID	DEPARTMENT	MANAGER	RECORD NO.

ABSENCE

First day absent

Last day absent

Total hours

Partial day? (hours)

NOTICE

Date / time notified

Notified whom

Method (call, text, email)

Expected return

TYPE OF LEAVE

- ❑ Own illness or injury
- ❑ Care for family member
- ❑ Medical or dental appointment
- ❑ Preventive care
- ❑ Other covered reason (state law)
- ❑ Unpaid / balance exhausted

DOCUMENTATION

- ❑ Not required (under policy threshold)
- ❑ Requested on (date in notes)
- ❑ Received, on file
- ❑ Fitness-to-return note received
- ❑ Accommodation requested
- ❑ Referred to FMLA / leave of absence

Actual return date

Balance before / after (h)

NOTES (NO DIAGNOSIS DETAILS; KEEP MEDICAL DOCUMENTS IN A SEPARATE CONFIDENTIAL FILE)

Employee signature / date

Manager signature / date

HR / payroll entered by