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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