

Employee Notice for Use of Paid Sick Leave

Employee Name	Date Submitted
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Please fill out and return this form to timecards@omnistaffingservices.com by the Sunday following the week sick leave is requested. If this form is not received and sick leave is requested on your time card, the sick leave will not be paid out until this form is received.

Check One Box Only	Reason for Paid Sick Leave Use
<input type="checkbox"/>	To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.
<input type="checkbox"/>	To use Washington Paid Sick Leave. (You must have enough accrued time to use this. You can find your balance on your last pay stub.)

I am providing notification of my use of paid sick leave for the following date(s):

Date	Hours

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

Employee's Signature

Date