

*J. Garnons Williams Ltd.*

**SICK LEAVE APPLICATION**

**\*\*IMPORTANT: THIS FORM MUST BE SUBMITTED WITH YOUR TIME SHEET IF SICK HOURS ARE CLAIMED.**

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

I request the following sick days/hours to be paid :

\_\_\_\_\_

I request *one or more* of the following:

- time paid from sick bank
- time or remainder of time paid from stat bank  
*(if there is insufficient time in sick bank)*
- time or remainder of time recorded as a leave of absence\*  
*(if there is insufficient time in your sick bank & you do not request to be paid from your stat bank, the time or remainder of time is **automatically** recorded as a leave of absence)*

Employee's Signature: \_\_\_\_\_