

Arizona Paid Sick Time Request Form

This form must be submitted before taking leave. Please email completed form to azsicktime@lannarinoFullen.com

Sick Leave Exception:

When accident or illness prevents filing a request form prior to using leave, submit this form immediately upon return to work.

PLEASE TYPE OR PRINT

EMPLOYEE NAME	EMPLOYEE SSN	WORK SITE COMPANY NAME

I request to be granted PAID SICK TIME. (No documentation is required for the first 2 consecutive days, unless a manager requests special documentation. 3 or more consecutive days off will require proper documentation, please refer to PST Policy)
 NOTE: Hours taken as Paid Sick Time may be credited against Family Medical Leave Act eligibility.
 All foreseeable instances should be submitted in advance to maintain appropriate worksite coverage.

Give specific times for leave requested. Leave must be requested in 1 hour increments. Attach appropriate documentation as noted above.

Beginning Date	and	Time	Ending Date	and	Time	# of Hours
Beginning Date	and	Time	Ending Date	and	Time	# of Hours
						Total Hours Requested

Employee Signature

Date

Compliance Administrator's Signature

Date