Heavenly SRS CA Sick Pay Request *



Name:	_ EID#: Today's Date:
Date to use CA Sick Pay	Hours Requested†
†If I have not accumulated all the hours requested, I u	Inderstand that I will not be paid for the unearned hours.
Instructor Signature:	Date:
Supervisor Signature:	Date:
	nt reflected on your paycheck as a line item "CASickHrly", paid at
your base	e rate of pay.
Heavenl	y SRS
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†If I have not accumulated all the hours requested, I u	understand that I will not be paid for the unearned hours.
†If I have not accumulated all the hours requested, I u	·

^{*}Once the sick pay has been approved you will see the amount reflected on your paycheck as a line item "CASickHrly", paid at your base rate of pay.