**Sick Leave Request**

I request sick leave for the following day(s): .

The day(s) listed above will be deducted from my accumulated days of sick leave.

Please indicate: \_\_\_ Self

 \_\_\_ Family

 \_\_\_ Bereavement (See OSEC Policy for details)

 Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: Date:

Director/Bus. Mgr. Signature: Date: