



**Santos Manuel Student Union
Request to Use Paid Sick Leave**

Please complete this form in advance of your absence, if possible. If it is not possible to complete it in advance, please complete it within three (3) days of your return to work.

Name: _____ Date: _____

Department/Center: _____

Date(s) of absence: _____

Number of hours to be used: _____

Employee Signature: _____

Supervisor Signature: _____

For SMSU Administrative Office Use Only

Number of paid sick leave hours available for use: _____

Verified by: _____ Date: _____