SICK LEAVE BENEFIT REQUEST

Employee: _____ Employee #:_____

Department: _____ Anniversary: _____

Article II. – Personnel Rules and Regulations Sec. 2-28 – Attendance and leave. (e) Sick Leave: (5) Procedures: d. Any regular employee who, while on sick leave in accordance with subsection (e)(5)b. becomes hospitalized or his/her immediate family is hospitalized by reason of personal illness, shall be entitled to receive the benefit of payment, per occurrence, limited to sixteen (16) hours of pay, twenty-four (24) hours for firefighters, for each year of prior service credited to his/her employment record with the city. A physician's certificate shall be required to support a claim for this benefit. This benefit shall be in addition to the sick leave benefit described herein and to other illness benefits provided for in the Code of Ordinance by the city. This additional sick leave benefit shall be applied when all other such leave is exhausted.

Date Expected to Return to Work: _____ Hours Requested: _____
(As per Physician's Certificate)

Person hospitalized: ☐ Self ☐ Relationship to Employee: _____

_____ _____
Employee Signature Date

Recommend Request be: ☐ Approved ☐ Disapproved

Comments: _____

_____ _____
Department Head Signature Date

Human Resources Department Section

Date Received: _____ Prepared by: _____

Sick Hours Available: _____ Vacation Hours Available/Accrued: _____

In Compliance with Policy: ☐ Yes ☐ No Physician's Certificate Attached: ☐ Yes ☐ No

Comments: _____

Administration Department Section

Sick Leave Benefit Request: ☐ Approved ☐ Disapproved

Comments: _____

_____ _____
City Manager Signature Date