

**HIGH POINT REGIONAL HIGH SCHOOL
EARNED SICK LEAVE
PAYMENT REQUEST**

EMPLOYEE

NAME: _____

SUBMISSION DATE: _____

OF HOURS REQUESTED: _____

DATE(S) OF ABSENCE: _____

The above request is contingent upon number of hours the employee has accrued.

Supervisor Signature:

CONFIRMATION OF EARNED SICK LEAVE

DATE: _____

OF HOURS ACCRUED TO DATE: _____

APPROVAL DATE: _____

Hours Verified: _____ By: _____ CDK Updated: _____

cc: Payroll