Civicorps Schools

Paid-Sick Leave Form

Corpsmembers / Interns

Employee:_____

Crew:_____

Supervisor:_____

Date Sick	# of Hours Requested (Sick Time)		Reason (Sick; Injury, Medical Appointment, Caring for Sick Family Member, etc.)
Total			

Signature_____

Date_____

Supervisor / Manager
Signature_____

Date_____

Updated 1.2023