

KEDC SICK LEAVE REQUEST AND WORK CALENDAR CHANGE/REQUEST FORM

Printed Name: _____

Date: _____

Sick or Personal Leave

This form must be completed on the date you return to work after taking sick leave or emergency leave. Personal days must be requested and approved in advance.

Please check appropriate box

Sick Day

Emergency
Day

Date of leave/absence: _____

Nature of Illness or Emergency (sick day/emergency day)

Personal Day

Days Accumulated _____

Total days of Absence: _____

Work Calendar Change Request for Holidays and Non-Contract Days

(attach a revised work-calendar).

Change from dates: _____

Change to dates: _____

Employee Signature

Supervisor

Department Head

Director