

EMPLOYEE (AB 1522) SICK LEAVE ABSENCE AFFIDAVIT

Pay Period from _____ to _____

Department _____; College: _____

I, _____, certify that I was absent on
_____ [list the date(s) of

Absence], for a total of _____ hours.

Employee Signature

Supervisor Signature

Date: _____

Date: _____

Employee ID #: _____

Student ID #: _____

This form is to be completed upon return to work and provided to the supervisor who will turn it in with the employee's time sheet.