

CLASSIFIED Sick Leave Make-up Time Request

Master Agreement - Article 22, Section G. 4 e & f & g

(Completed and Approved before Leave, except night shift-within 24 hours of absence)

Staff Member _____ Supervisor _____ Approved _____ Not Approved _____

Date _____ Time _____ - _____ Duty _____

If applicable:

Staff Member Covering _____
(No Compensation) (List name of staff member covering) (Initials of staff member)

Make-Up Time (within 5 working days or on a nonscheduled day)

Date _____ Time _____ Activity _____

Date _____ Time _____ Activity _____

Date _____ Time _____ Activity _____

Staff Member Signature Date Supervisor Signature Date