

# SICK TIME PROGRAM APPLICATION FORM



University  
Health System

Thinking beyond

Employee Name (Please Print): \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department Name: \_\_\_\_\_ Extension: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Director: \_\_\_\_\_

Work Hours (Full Time/Part Time) (example: FT, 40 hrs): \_\_\_\_\_

Approximate Hours Needed: \_\_\_\_\_

Reason for request of Sick Pool Hours (example: low census):

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**STATEMENT:** *I have reviewed and understand the Sick Time Program Policy located on the University Health System intranet under Corporate Policies 4.02.03.*

Please email this application to [selia.goddard@uhs-sa.com](mailto:selia.goddard@uhs-sa.com).