



☐ **Anaheim Main Campus:** 1126 N. Brookhurst St., Anaheim, CA 92801-1701
Tel: 714-533-1495 Fax: 714-533-6040

☐ **Los Angeles Campus:** 2727 W. 6th St., Los Angeles, CA 90057-3139
Tel: 213-738-0712 Fax: 213-480-1332

☐ **Full Time** ☐ **Part Time**

Date(s) Requested: from ____/____/____ to ____/____/____ **Total:** ____ days

Please specify a number of hours of sick leave if requested hours are less than 8 hours (1 day)

No verification is required. 1 day is equal to 8 hours of sick leave.

University shall require employees to provide verification of the absence such as a medical doctor's note from the second (2) day of consecutive absence. (Regulation 3040.00P-Paid Sick Leave) A maximum of 6 days (48 hours) for full-time employee and a maximum of 3 days (24 hours) for part-time employee are allowed for paid sick leave.

☐ **Other Request:** Please explain in detail.

Supervisor's Signature: _____ Date: / /

☐ Approved ☐ Denied