

Appendix C

Sick Leave Application

[1] Employee's Name: _____

Employee's Dept. **FIRE**

[2] List days of absence: _____

[3] Briefly describe nature of illness: _____

[4] Is Medical Certificate attached? Yes _____ No _____

Signature of Person Filling Out Application

CHECK ONE:

- Employee
- Employee's spouse, parent or resident adult
- Authorized City Officer or employee

Date Application Submitted: _____