



ESA Sick Day Request Form

This form may be completed electronically.

PART 1 – EMPLOYEE INFORMATION	
Employee Name:	
Employee #:	
PART 2 – JOB INFORMATION	
Retrieve Job #	
Location:	
Start Date (mm/dd/yy):	
Start Time:	
End Time:	
If you worked any portion of the dispatched hours, please identify below the worked hours/days and sick hours/days	
Hour(s)/Day(s) Worked:	
Sick Hour(s)/Day(s):	
PART 3 – EMPLOYEE ACKNOWLEDGMENT	
<ul style="list-style-type: none">• I confirm that I am requesting sick day payment(s) for the date(s) and time identified in this form.• I understand and acknowledge that one (1) day will be deducted from the ESA sick time for each date requested.	
Employee Signature:	
Date:	
PART 4 – PAYROLL	
Required Payroll Action Taken:	
Payroll Comments:	
Payroll Signature:	

Employee - save completed form and forward (as attachment) to
hr@sd67.bc.ca