

JM STAFFING REQUEST FOR SICK PAY / TIME OFF

Name: _____ Assignment Location (city): _____

Did you contact JM Staffing of your absence? Yes No

Did you contact your Supervisor at your assignment of your absence? Yes No

_____ I would like to request sick pay for the following days (include date(s), shift(s), and reason)
(http://www.dir.ca.gov/dlse/Paid_Sick_Leave.htm)

_____ I would like to request time off for the reason listed below (include date(s) and shift(s)).
I understand that the position I am in is a temporary assignment and as previously discussed my
services are needed/required as I am covering for a department that is short staffed.

Employee Signature, Date

Return sick pay requests to payroll@jmstaffing.com **Return time-off requests**
to hr@jmstaffing.com

() Approved () Denied

Name, Date

Signature

JM Staffing, Human Resources