EPIC LEAVE FORM

EMPLOYEE'S NAME: _____   EMPLOYEE'S ID #: _____

PROGRAM: _____   POSITION: _____

I hereby certify that I was absent or am requesting to be absent from my assigned duties on the dates and for the reasons given below; that I am eligible for these leave benefits in compliance with the provisions of the law and policies of EPIC. I further certify that I understand the policies of EPIC relating to this leave request and that this claim is in compliance with said policies. If you have been out 3 or more days, please attach a doctor's note with this form. You can put leave from 2 different months on this form. It does not have to be on 2 forms.

Date of Absence	AM, PM or All Day	Sick, Personal, or OCL	For Sick Leave Only – Reason for absence. (If death, state relationship)

If at any time there appears to be a question as to whether a claim is eligible for payment, the employee may be asked for further information to substantiate the claim before it is approved.

SIGNED (Employee): _____   DATE: _____

SIGNED (Employee's Supervisor): _____   DATE: _____