

Accent On Independence

Sick/Vacation PAY Request Form

Employee _____ Date _____

Please write the number of sick or vacation hours that you are requesting to be paid for in the appropriate areas below.

IHSS:

CNA:

Sick _____

Sick _____

Vacation _____

Vacation _____

ILST:

PCW/Homemaker

Sick _____

Sick _____

Vacation _____

Vacation _____

*****Employees can only receive sick/vacation for hours actually missed. For example, if you miss 4 hours, you may not claim more than 4 hours.**

*****Sick time can only be used when:**

- Employee or immediate family member is ill or in the hospital, or for doctor appointments
- Client cancels a visit due to a doctor appointment or is in the hospital

IN ADDITION TO THIS SICK/VACATION PAY REQUEST FORM, EMPLOYEES MUST ALSO SUBMIT THE TIME OFF/VACATION REQUEST FORM

