Pinnacle Golf Club

SICK TIME

Employee Please Fill Out Below

EMPLOYEE NAME: _____ DATE: _____

SICK TIME USED / DATE(S): _____

EMPLOYEE POSITION: _____ EMPLOYEE HIRE DATE: _____

HR Please Fill Out Below

Number of Sick Hours Earned: _____

Sick Hours Used: _____

Sick Hours taken (Current):   _____

Total Sick Hours Available: _____

1ST: To HR to verify sick hours available

2ND: To Manager to approve sick hours used

3RD: To General Manager or Ownership for final approval

_____   _____

EMPLOYEE SIGNATURE   *DATE*

_____   _____

SUPERVISOR SIGNATURE   *DATE*

_____   _____

GENERAL MANAGER SIGNATURE   *DATE*