**Student and University Assistant Sick Time Record**

Please complete all items below in order to report sick hours taken. Return complete and signed forms to the Payroll Department by **Friday, Noon on the pay week**.

Employee Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Period End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner Org Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedures:**

**Enter Sick Time Only:** In the space provided below, input the use of accrued sick time by indicating the number of hours on the appropriate day. Remember that sick time can only be taken in full hour increments. You may check on the amount of sick hours available by emailing: sickleavecheck@southernct.edu

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | TOTAL |
| Week 1 |  |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Grand Total** |  |

I hereby certify that the above is a true statement of:

 **“Accrued sick time used for hours that the student had been scheduled to work.”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

I have explained to the student that the payment generated by this Student Payroll Sick Time Record can be expected in two (2) weeks if received by the Payroll deadline of **Friday, Noon of the pay week.** If the deadline is not met, payment can be expected in four (4) weeks.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name Supervisor Contact Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Date