



Mtaa Wa Uhindini,  
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**Employee request for sick sheet leave form.**

<b>TO BE COMPLETED BY EMPLOYEE</b>			
Name (last, First, MI)		Employee number	Department
Request for.... Myself...Spouse/partner...Child...		Home Telephone Number	
Dates: From.....Through.....			
Reason for Request			
Employee Signature		Date	Work Location
<b>TO BE COMPLETED BY DEPARTMENT</b>			
I hereby certify that the above employee has been off duty for the period specified above and has complied with the requirements governing the use of sick leave by employees.			
Supervisor's Signature		Date	Department Head Signature
			Date
<b>TO BE COMPLETED BY PHYSICIAN</b>			
Patient Name		Patient's Job Title	
Physician's Name		Physician's Signature	
Date of first exam/consult for this illness		Date most recent exam/consult for this illness	
Diagnosis			



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Sick leave Days.....Hours.....

**Retention:** Please place a copy of the completed form in the employee's Department Medical File.