



Sick Leave Form

Employee Name: _____

Sick days taken: _____ to _____

Acknowledged by Programme Director or Department Head:

(signature required)

The University may require medical evidence, but not normally for periods of less than five consecutive days.

Frequent periods of sick leave may be reviewed to determine if the employee is medically fit to carry out their duties on a full-time basis.

For total disability the University will pay your full salary for the first six months of disability, as noted in the long term disability section of the Redbook.

Please forward completed form to the Payroll & Benefits Officer, Bursar's Office.