## **Kean University - Sick Leave Request Form**

For Students Employees & Academic Specialists

Employee Name	ID#
Employee Email	Dept/Unit
Dates and/or Time off request	ed
Acceptable Reasons to Use Ea	ned Sick Leave:
<ul> <li>condition; or you need</li> <li>You need to care for physical illness, injuted</li> <li>You or a family mere for treatment, countered to attend or to attend a school</li> <li>Your employer's bute</li> </ul>	care, treatment, or recovery for a mental or physical illness, injury, or health ed preventive medical care.  a family member during diagnosis, care, treatment, or recovery for a mental or y, or health condition; or your family member needs preventive medical care. beer have been the victim of domestic violence or sexual violence and need time eling, or to prepare for legal proceedings. chool-related conferences, meetings, or events regarding your child's education; related meeting regarding your child's health.  ness closes due to a public health emergency or you need to care for a child discare provider closed due to a public health emergency.
I am requesting to use my ear	ed sick leave for one of the acceptable reasons listed above.
Employee Signature	Date:
University Sick Leave Guidelines to Robinson (908-737-3315 or merc	eave, you may consult with your supervisor/manager or refer to the Kean or Student Employees and Academic Specialists. You may also contact Megan sins@kean.edu) in the Office of Human Resources.
<ul><li>Request Approved</li><li>Request Denied</li></ul>	
Supervisor/Manager Name	
Supervisor/Manager Signature	