



WORKERS COMPENSATION LEAVE OF ABSENCE – Pink SR70

PRINT OR TYPE NAME		DATE
JOB TITLE		SOCIAL SECURITY #
FACILITY	DEPARTMENT	TEL AND EXT. ()

The dates of absence listed below were related to an on-the-job injury (or job-related-illness) which occurred (or became known) on _____

DATES OF ABSENCE		WITH OR WITHOUT PAY?	NUMBER OF HOURS
FROM	THROUGH		
		With Pay, Non-Chargeable	
		WITH PAY, Charged to:	
		• Sick Leave	
		• Annual Leave	
		• Leave Regulation 7.2 A (8.2 A)	
		• Leave Regulation 7.2 B (8.2 B)	
		WITHOUT PAY	

TYPE OF INJURY: Part(s) of body injured or type of job-related illness claimed:

Approved By:

Employee Signature

Immediate Supervisor Signature

Employee Address: Street/Number

Leave Administrator

Employee Address: City, State, Zip Code

Leave Administrator Use Only

	Balance as of Above Date	Debit	Balance
Annual Leave			
Sick Leave			