REQUEST TO SUPPLEMENT

SHORT TERM OR LONG TERM DISABILITY

This is to request that my accrued time be used to supplement my short term/long term disability benefits for the duration of my medical leave. I wish to use the following accrued leave: _____ sick leave _____ vacation leave _____ comp time

_____	_____	_____
Employee Name	Department	Position
_____	_____	_____
Employee Signature	Employee ID#	Date

Human Resources:

Approved By: _____ Date: _____

Comments:

_____

_____

_____

Instructions for timekeeper: Begin supplementing on the 15th calendar day of leave and enter 26 hours for a pay period. If the 15th day of leave falls on a non-working day enter the time on the next workday.

Distribution:
Original – Payroll
Copy – Human Resources
Copy – Department Timekeeper