TARGET CENTER

REQUEST FOR SICK TIME

Name: _____ **LAST 4 DIGITS SSN#:** _____

Date: _____ **Company:** Target Center Arena

Type of Request:	Date From:	Date To:	Total # Days:	Total # Hours:
Sick Time				

Comments:

ALL REQUESTS MUST BE SUBMITTED TO YOUR DEPARTMENT MANAGER AT LEAST 4 HOURS PRIOR TO THE SCHEDULED REPORTING TIME FOR AN EVENT CALL IN ORDER TO PROCESS YOUR PAY ON TIME.

*All current collective bargaining agreements and department policies apply independent of requests for sick pay.

Employee Signature Date Supervisor Signature Date

Employee Name Date Supervisor Name Date

FOR HR USE ONLY

HR Approval: _____ **# of Hours used:** _____ **Balance:** _____