

EMPLOYEE (AB 1522) SICK LEAVE ABSENCE AFFIDAVIT

Pay Period from \_\_\_\_\_ to \_\_\_\_\_

Department \_\_\_\_\_; College: \_\_\_\_\_

I, \_\_\_\_\_, certify that I was absent on  
\_\_\_\_\_ [list the date(s) of

Absence], for a total of \_\_\_\_\_ hours.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Student ID #: \_\_\_\_\_

This form is to be completed upon return to work and provided to the supervisor who will turn it in with the employee's time sheet.