## **Sick Leave Record Card**

Employee Name	Employer Name	Sick Leave Entitlement Hours

Date Informed	Period of Sickness		Number of Hours Absent	Balance of Hours	Cover Requested	Cover Arranged	Initials	Date
From	То							

Employee Name	Employer Name	Sick Leave Entitlement Hours			

Date Informed	Period of Leave		Number of Hours	of	Cover Requested	Cover Arranged	Initials	Date
	From	То	Absent	Hours				