**Student and University Assistant Sick Time Record**

Please complete all items below in order to report sick hours taken. Return complete and signed forms to the Payroll Department by **Friday, Noon on the pay week**.

Employee Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Period End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner Org Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Procedures:**

**Enter Sick Time Only:** In the space provided below, input the use of accrued sick time by indicating the number of hours on the appropriate day. Remember that sick time can only be taken in **full hour** increments. You may check on the amount of sick hours available by emailing: payroll@southernct.edu

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Friday | Saturday | Sunday | Monday | Tuesday | Wednesday | Thursday | TOTAL |
| **Date** |  |  |  |  |  |  |  |  |
| **Week 1** |  |  |  |  |  |  |  |  |
| **Date** |  |  |  |  |  |  |  |  |
| **Week 2** |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Grand Total** |  |

I hereby certify that the above is a true statement of:

 **“Accrued sick time used for hours that the student had been scheduled to work.”**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature Date**

I have explained to the student that the payment generated by this Student Payroll Sick Time Record can be expected in two (2) weeks if received by the Payroll deadline of **Friday, Noon of the pay week.** If the deadline is not met, payment can be expected in four (4) weeks.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Name Supervisor Contact Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor Signature Date**