



Personnel Services, Inc.

Corporate Office  
15 Independence Circle  
Chico, CA 95973  
www.rush-personnel.com

530 / 893-5500  
530 / 893-1263 Fax  
800 / 954-7874  
E-mail: mail@rush-personnel.com

## **ASSOCIATE SICK LEAVE TIME OFF REQUEST FORM**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
RUSH Office Location

\_\_\_\_\_  
Last 4 of SSN

\_\_\_\_\_  
Client Site

### **ABSENCE REPORT**

I was absent on: \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ day(s), # of hours \_\_\_\_\_

Reason: \_\_\_\_\_

### **ADVANCE REQUEST FOR TIME OFF:**

Date(s) away from work: \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ day(s), # of hours \_\_\_\_\_

I am requesting time-off for the following: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (Printed)

\_\_\_\_\_  
\*\*Supervisor's Signature

\_\_\_\_\_  
Date

**\*\*\*Supervisor's signature authorizes that the above individual was scheduled to work on the above day(s) noted for \_\_\_\_\_ hours**

\_\_\_\_\_  
RUSH Representative Signature

\_\_\_\_\_  
Date

**Must be returned with timecard to pay@rush-personnel.com or fax to (530) 893-0648**

**FOR RUSH PERSONNEL USE ONLY**

Payroll Week-ending: \_\_\_\_\_ Total time off \_\_\_\_\_ hrs

☐ Approved ☐ Disapproved Reason \_\_\_\_\_

Accrued Time Available \_\_\_\_\_ hours

Less: Time requested \_\_\_\_\_ hours

Time available \_\_\_\_\_ hours