



Personnel Services, Inc.

Corporate Office
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530 / 893-5500
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800 / 954-7874
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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
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reason _____			
Accrued Time Available _____ hours			
Less: Time requested _____ hours			
Time available _____ hours			