



2250 Hickory Road
Suite 240
Plymouth Meeting, PA 19462
800-879-4471

I have read and understand both of the following documents:

1. The New Jersey Earned Sick Leave Notice of Employee Rights
2. GHR's NJ Paid Sick Leave Provisions (*including the Black Out Dates provision*)

I have had the opportunity to call GHR's Human Resources' Department with any questions I may have on their provisions, including the blackout dates provision. I also understand that any fraudulent use of paid sick time, will include disciplinary action, up to and including termination from the Company.

Name (print): _____

Name (signature): _____

Date: ____ / ____ / ____

I am requesting the following day/s off under NJ's Paid Sick Leave Law:

Date/s:

	# of Days	From	To
Sick Leave	_____	____/____/____	____/____/____

Reason for Request (if unforeseeable): _____

Name (print): _____

Name (signature): _____

Date: ____ / ____ / ____

OFFICE USE ONLY

Approved Denied, Reason for Denial: _____

Human Resources Signature: _____ Date: ____/____/____

Days Left in 20____: _____