



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
<b>Sick Leave</b>	_____	____/____/____	____/____/____

**Hours Requested:** \_\_\_\_\_ (you must take your entire shift hours for the day you are out; there is no working partial shifts when you have enough time to cover the whole shift; make sure you read the Blackout Dates in GHR's Provisions.)

**Reason for Request:** \_\_\_\_\_  
\_\_\_\_\_

Name (print): \_\_\_\_\_

Name (signature): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OFFICE USE ONLY**

Approved; hours approved: \_\_\_\_\_

Denied, Reason for Denial: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours Left in current year: \_\_\_\_\_