



FACILITIES MANAGEMENT

OKLAHOMA STATE UNIVERSITY
SICK LEAVE RECORD

| | | | |
|-----------------|-------|-------|-------------------|
| CWID | _____ | _____ | TODAY'S DATE |
| EMPLOYEE'S NAME | _____ | _____ | SUPERVISOR'S NAME |
| DEPARTMENT | _____ | | |

| | | | | |
|------------------|--------|--------|--------------|------------------------|
| SICK LEAVE FROM: | _____ | _____ | AM/PM | |
| | (DATE) | (TIME) | (CIRCLE ONE) | |
| THROUGH: | _____ | _____ | AM/PM | _____ TOTAL HOURS USED |
| | (DATE) | (TIME) | (CIRCLE ONE) | |

YES NO IS THIS AN **FMLA** ABSENCE?

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

NOTE: HIPPA regulations prevent supervisors from asking about the nature of an employee's illness. However, per OSU Policy 3-0716.3.03F, FM Leadership *may* require employees to provide certification of illness or injury by a qualified, licensed medical practitioner certifying that the employee is ill or incapacitated. This may or may not include supporting medical facts, any suggested alterations to the employee's regular duties (including ability to perform essential functions), the anticipated length of the illness or other incapacitating condition, and such other information as may be necessary to determine whether granting sick leave is appropriate. Falsification of such information shall be cause for dismissal with appropriate adjustment in terminal pay.