



Personnel Services, Inc.

Corporate Office
15 Independence Circle
Chico, CA 95973
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530 / 893-5500
530 / 893-1263 Fax
800 / 954-7874
E-mail: mail@rush-personnel.com

ASSOCIATE SICK LEAVE 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: _____

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