

## BON VEGAN APPETIT HOMEMADE • SAVORY • COMFORT

www.marcusefford.com 1- (877) 2VEGAN0 (283-4260)

## The Global Vegan LLC Sick Leave Form

Sick leave form must be completed within five days of return to work.

## PLEASE PRINT

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nployee ame:				Date Submitted:		
osition:				Location:		
ıll -Time nployee:				Part -Time Employee:		
I request		full	day(s) of sick leav	e and/ or	half day	(s) of sick leave.
		Dates	s absent from work			
	•	•	aking an applicatio for the following rea		sick leave as p	provided. The use
			Personal Illness			
			Personal Injury			
			Childbirth			
			Medical Appointment			
			Exposure to Contagiou	ıs Disease		
			Illness, Injury, or Death Relationship:		ily	
			Illness, Injury or Death Relationship:		;	
<del></del>						
Employee Name				Date		
Owner: Che	f Marcu	s and/or H	R	Date		