



## SICK LEAVE REQUEST FORM

### ALL LOCATIONS

**IMPORTANT:** This form is to request payment of sick or safe leave in accordance with the policy applicable to your restaurant. If you have any questions, please contact your Store Leader or Payroll directly by emailing payroll@theram.com.

Today's Date:	
Leader/Team Member Name:	
Leader/Team Member Number:	
Position:	
Store Number:	
<b>Please check the reason for absence:</b>	
Sick Time	Safe Leave
Other	
Position Absent (ex: Server, Cook, ASL)	
Date/s Absent (MM/DD/YY)	
Requested Hours (ex: 6.2 hours)	
Comments	
Leader/Team Member Signature:	
Store Leader/Regional Leader Signature:	
<b>Home Office Use:</b>	<b>Qualification testing</b>
Tenure Test	<input type="checkbox"/> 90 <sup>th</sup> calendar day from the beginning of employment
Availability Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Hours available for use _____ Hours requested _____ (must be less than hours available)
Use Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Hours used this calendar year _____ Hours to be paid for this instance _____ Total hours used this calendar year _____ (must not exceed 40 hours)
Notify Store Leader of fail results.	