

Paid Sick Time Advisory Notice

Name:	
Title:	Shift:
Department:	Date of Paid Sick Time Advisory Notice:

This document is intended as an advisory notice to inform you of the limited number of paid sick days you have left for the current year. Due to the nature of your use of paid sick time, this notice may or may not be combined with a disciplinary notice for excessive absenteeism.

Out of a total annual allotment of total # of annual paid hours paid sick hours you have already used total # paid sick hours used hours of paid sick time. This only leaves you with # of paid sick hours remaining paid sick hours for the remainder of the calendar year.

Supervisor Signature: _____ Date: _____