

# Request for Holiday Pay / Sick Leave

Name (print): \_\_\_\_\_

Social Security #: XXX-XX-\_\_\_\_\_

\_\_\_\_\_ I request the **Holiday pay** of \_\_\_\_\_ hours (based on your scheduled daily hours, up to 8 hours)  
for week ending \_\_\_\_\_.  
I verify that I have worked 1,975 hours during the last twelve (12) months.

**QSS Paid Holidays are:** New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

\_\_\_\_\_ I request **Sick Leave** of \_\_\_\_\_ hours for time missed on \_\_\_\_\_ for week ending \_\_\_\_\_.  
I verify that my QSS Supervisor was notified of my absence prior to my scheduled start  
time and that I have accrued the hours.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Requests should be faxed to **919-230-9620** during the week the holiday occurs.

\*\*\* Requests faxed to the Paylily timesheet system will be automatically deleted. \*\*\*

## For Office Use Only

HHR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HPR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HPO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**Phone: 919-481-4114 Fax: 919-230-9620**

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