

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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