



Commercial Builder  
P.O. Box 5025 · Yuma, AZ 85366  
(928)344-6174 · (928)344-8791

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## Sick Leave Request Form

Employee Name : \_\_\_\_\_

SSN (last 4 only): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Start Date	End Date	Total Days	Reason

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete all lines and fax to: 928-726-1375**

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Date Received: \_\_\_\_\_ Approved/Denied \_\_\_\_\_

HR Mgr Signature \_\_\_\_\_ Date \_\_\_\_\_