

**AIKENS GROUP
MANAGEMENT
SICK TIME OFF**

DATE: _____

PROPERTY: _____

NAME: _____

DATE/S OF SICK DAYS:

½ day is earned each month and days are not carried over to the next year.

APPROVAL:

DATE: _____

General Manager

DATE: _____

Vice-President

COPY: GIVE TO PAYROLL DEPARTMENT TO FILE IN EMPLOYEE'S PERSONNEL FILE.