



**Kenai Drilling Limited
SICK LEAVE PAY REQUEST**

Date: _____

Employee Name: _____ Rig #: _____

Employee contact info: Phone: _____ Email: _____

Date of Hire: _____

Date(s) of absence: Sick hours requested:

____ / ____ / ____ _____ hours

____ / ____ / ____ _____ hours

____ / ____ / ____ _____ hours

Total _____ hours

- Employees who wish to save accrued sick leave should write "0" in hours requested above.
- Employees may not use any accrued sick leave until their 90th day of employment.
- The minimum increment of sick leave employees must use is two (2) hours.
- Employees can use their accrued sick leave hours available at time of request.

ALL SICK LEAVE PAY REQUESTS MUST BE SUBMITTED TO PAYROLL OFFICE BY NOON ON THE MONDAY BEFORE FRIDAY PAYDAY. ANY REQUESTS RECEIVED LATE WILL BE PROCESSED ON THE FOLLOWING PAYROLL PERIOD.

Employee Signature

Date