



**Kenai Drilling Limited
SICK LEAVE PAY REQUEST**

Date: _____

Employee Name: _____ Rig #: _____

Employee contact: Phone: _____ Email: _____

Date of Hire: _____

<u>Date(s) of absence:</u>	<u>Sick hours requested:</u>
____/____/____	_____ hours
____/____/____	_____ hours
____/____/____	_____ 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 THE PAYROLL OFFICE BY THE LAST DAY OF THE PAY PERIOD. ANY REQUESTS RECEIVED LATE WILL BE PROCESSED ON THE FOLLOWING PAY PERIOD.

Employee Signature

Date