



QUALITY DRIVER SOLUTIONS, INC.

Paid Sick Leave Request Forms

Time Off:

Beginning date of paid sick leave from work: _____

Returning date to work: _____

Total number of days requesting off: _____

Employee Name (please print) **Branch Location**

Employee Signature **Date Submitted**

Manager's Name (please print)

Manager's Signature **Date**

Approved: _____ **Verification Date** _____