



STUDENT PAYROLL SICK TIME RECORD

UITS Business Office
Temporary Administration Building, U-1138
25 Gampel Service Drive
Storrs, CT 06269 – 1138

Please complete all fields below in order to report sick hours taken. Forward completed and signed form via email to Chris Czemske (Christine.czemske@uconn.edu) by **Thursday, Noon of Payweek**. Questions: call Chris Czemske 486 – 6474.

Student Name _____ Department _____

Employee Number _____ UBOX _____

Hourly Rate _____ Pay Period End _____

Procedures:

Sick time: In the space provided below, input the use of accrued sick time by indicating the number of hours on the appropriate day.

	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Total
Week 1								
Week 2								

Grand Total

I hereby certify that the above is a true statement of “Accrued sick time used for hours that the student had been scheduled to work.”

I have explained to the student that payment generated by this UITS Student Sick Time Record can be expected in two (2) weeks if received by the deadline of **Thursday, Noon of payweek**. If the deadline is not met, payment can be expected in four (4) weeks.

Authorized Department Signature

Date

Print Authorized Name