



Negative Sick Time Authorization Form

I, _____, understand that I am “borrowing”
(Print Name)
against my sick time accrual resulting in a negative balance. I understand that any sick time
earned in the future will apply to the negative balance and will not be available to me to use until
the negative balance is met. I further understand that, in the event of termination, I will be
required to pay back any negative leave amounts. The amounts owed will be deducted from my
final check.

Employee Signature

Supervisor/Department Head Signature

Date