CASE WESTERN RESERVE UNIVERSITY
College of Arts and Sciences

NOTIFICATION OF SICK TIME

STUDENT INFORMATION	
Graduate Student Name:	
Advisor:	
☐ TA	☐ RA
Email:	Phone Number:
Date of Request:	

TIME OFF INFORMATION		
First Date of Leave:	Final Date of Leave:	On Campus Date*:
Graduate students who earn a stipend over a 12-month period are entitled to up to 10 business days of paid sick leave. Sick leave cannot be accrued from one year to the next. If you must be out longer than 10 days, please consult with the Graduate Affairs Coordinator about a Leave of Absence. Please note that Leaves of Absence are unpaid.		

**The On Campus Date is the date you will be returning to your TA and/or research duties on CWRU's campus.*

Signatures:

Advisor: _____ Date: _____

Graduate Affairs Coordinator: _____ Date: _____

If you are unable to contact your advisor to complete this form (e.g., advisor out of town), you may request the Department Chair or Associate Chair to sign in place of your advisor.

Department Use Only

Date of check in: _____ # of sick days used: _____

Department Signature: _____