

**Sick Pay Request Form**



www.quinn.jobs

***To be eligible for your sick pay entitlement you must have been working continuously in the employ of Quinn Temporaries, with the same client, for a period of more than six (6) months. Once your assignment ends your sick pay entitlement ends.***

Please ask your employer to sign this form prior to sending it in to Quinn for processing.

I, \_\_\_\_\_, would like to request that \_\_\_\_ days sick pay be paid to me on the next scheduled pay day. This is for the week ending \_\_\_\_\_.

\_\_\_\_\_  
Temp Signature

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Please complete this form and submit with your timesheet either by email [recruit@quinn.jobs](mailto:recruit@quinn.jobs) or fax (09) 309 8364. **Requests must be submitted by 10:00am Monday to be processed for that week**