

Shades

EST. H A I R & C O . 2022

SICK NOTIFICATION FORM

Employee Information

Employee Name _____ Phone Number _____

Email Address: _____

Position

- Stylist
- Assistant
- Front Desk
- Management

Illness Details

Date symptoms began _____

Date you are submitting this form _____

Are you scheduled to work today?

- Yes No

Work Dates Affected

Start date of absence _____

Expected return date _____

Number of shifts affected _____

Symptoms

Please select any symptoms you are experiencing.

- Fever
- Vomiting
- Severe cold symptoms
- Flu symptoms
- Contagious illness
- Other

Please Specify: _____

Client Appointments

Do you have clients scheduled during this time?

- Yes No

If yes:

Estimated number of clients affected _____

Employee Acknowledgement

- I confirm that I am unable to safely perform my duties due to illness.
- I understand that I should not return to work while contagious.

Signed by:

Employee