



SICK TIME REQUEST FORM

This form must be submitted **before** taking sick time.

Exception: When accident or illness prevents filing a request before using leave, submit this form immediately upon return to work.

Printed Name: _____

The Fair Wages and Healthy Families Act states specific reasons that qualify for paid sick leave. The reasons are listed below. **No need to specify relevant health issue.** Please check the appropriate reason for your request:*

- Employee or family member illness, injury or health condition; seeking medical diagnosis, care or treatment; or preventative care
- Closing of workplace or child's school due to public health emergency.
- Employee or family exposure to a communicable disease jeopardizing the community
- Absence due to domestic violence, sexual violence, abuse or stalking of an employee or family member

Beginning Date Requested: _____

Ending Date Requested: _____

Total Hours Requested: _____ **

Date Client Supervisor Notified: _____

Employee Signature

Date

Indicate the date(s) taken and include the total number of hours used. Paid sick leave can be used in 1/4 hour increments.

An employee using earned paid sick time on 3 or more consecutive work days will be required to attach documentation signed by a health care professional indicating that the earned paid sick time was necessary OR official documentation if box 4 above was checked.

* *Taking paid sick time for purposes other than those stated in the Act could lead to disciplinary action and/or termination and is considered falsification of documents.*

** *Make notation on your timesheet to correspond to this request for time. Reminder that paid sick time is not counted as hours worked for the computation of overtime.*