



EMPLOYEE SICK LEAVE REQUEST FORM

Under your City/State’s Earned Sick Leave Act, employers are permitted to ask employees to verify that an instance of sick leave of any length was used for an authorized purpose under the law. Employers may ask employees to provide medical documentation from a licensed health care provider only after using sick leave for more than three consecutive workdays.

Eligible employees are permitted to use earned sick leave due to:

- *Mental illness, or the need for medical diagnosis, care, or treatment of mental illness (employee or employee’s family member)*
- *Physical illness, or the need for medical diagnosis, care, or treatment of physical illness (employee or employee’s family member)*
- *Injury, or the need for medical diagnosis, care, or treatment of injury (employee or employee’s family member)*
- *Health condition, or the need for medical diagnosis, care, or treatment of health condition (employee or employee’s family member)*
- *Need for preventive medical care (employee or employee’s family member)*
- *Closure of employee’s place of business by order of a public official due to a public health emergency*
- *Need to care for a child whose school or childcare provider has been closed by order of a public official due to a public health emergency*

I, _____ (**print name**), attest that I used earned sick leave for at least one of the authorized reasons listed above, and would like **EMPLOYMENT SOLUTIONS** to pay me for the following date(s):

Date (mm/dd/yy)			

I understand that knowingly providing false information about the use of earned sick leave could result in discipline, up to and including termination.

X _____
Employee Signature

Work Location (Client)

Date Signed

Employee ID Number