



**SICK TIME REQUEST**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ❖ Employees who have been employed for over 90 days and have worked at least 240 hours are entitled to use their accrued Sick Time for the following types of absences:
  - Diagnosis, care, or treatment of the Employee or the Employee’s family member for mental or physical illness, injury, or health condition, including, but not limited to, pregnancy, childbirth, post-partum care, and preventive medical care;
  - The Employee, or the Employee’s minor child or dependent, is a victim of domestic violence, harassment, sexual assault, or stalking;
  - Closure of the Employee’s place of business, or the school or place of care of the Employee’s child, is closed by order of a public official due to a public health emergency;
  - The Employee must care for a family member whose presence in the community would jeopardize the health of others, as determined by a public health authority or healthcare provider.
  - The Employee has been excluded from the workplace for health reasons under a law or regulation that requires the Employer to do so.

**I am requesting Sick Time for the Following Day(s) and Shift Time(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Sick Time request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sick Time Approved \_\_\_\_\_ Sick Time Not Approved \_\_\_\_\_

If Not Approved, Why: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HRC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_