



Employee Earned Sick Time Request Form

I, _____ (print or type name), attest that I used earned sick time for the authorized reason/s checked below:

to care for my child, spouse, parent, or parent of my spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;

to care for my own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;

to attend a routine medical appointment or a routine medical appointment for my child, spouse, parent, or parent of my spouse;

to address the psychological, physical, or legal effects of domestic violence; or

to travel to and from an appointment, a pharmacy, or other location related to the purpose for which the time was taken.

I used earned sick time in the amount of _____ hours (Minimum of 1 hour for first hour used then Quarter Hour thereafter) on the following date/s: _____

*****Note: Hours must be submitted with your regular weekly hours*****

You will only be paid hours that you have accrued thru the previous week ending Pay period.

I understand that if an employee is committing fraud or abuse by engaging in an activity that is not consistent with allowable purposes for earned sick time under M.G.L. c. 149, § 148C, an employer may discipline the employee for misuse of sick leave.

I understand that if an employee is exhibiting a clear pattern of taking leave on days just before or after a weekend, vacation, or holiday, an employer may discipline the employee for misuse of earned sick time, unless the employee provides verification of authorized use under M.G.L. c. 149, § 148C.

Client (work location) Name:

Date Signed:

Employee Signature

Last 4 digits of Social Security #

Supervisor Signature