



Vermont 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, sexual assault or stalking; 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 21 V.S.A. §§ 481 - 486 (the Act), 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 21 V.S.A. §§ 481 - 486 (the Act).

Client (work location) Name:

Date Signed:

Employee Signature

Last 4 digits of Social Security #