

Reasonable Notice for the Use of Paid Sick Leave

Employees must provide reasonable advance notice of an absence from work for the use of paid sick leave to care for yourself or a family member. Please provide such reasonable notice to **[insert point of contact, i.e. owner, manager, supervisor, etc.]**. Any information provided will be kept confidential.

Reasonable Notice for Foreseeable Use of Paid Sick Leave

If an employee's absence is foreseeable, the employee must provide notice to **[insert point of contact]** at least **[10] days**, or as early as possible, before the first day paid sick leave is used.

- Employees are required to submit an *Employee Notice for Use of Paid Sick Leave* form.
- If possible, notification should include the expected duration of the absence.

Reasonable Notice for Unforeseeable Use of Paid Sick Leave

If an employee's absence is unforeseeable, the employee must contact **[insert point of contact]** as soon as possible.

- If the need for paid sick leave is unforeseeable, and arises before the required start of the employee's shift, notice should be provided no later than one (1) hour before the employee's required start time.
- In the event it is not possible to provide notice of an unforeseeable absence, a person, on the employee's behalf, may provide such notice.
- If possible, the notification should include the expected duration of the absence.
- Employees are required to complete an *Employee Notice for Use of Paid Sick Leave form* on the day following the employee's return from paid sick leave.

Please note:

- Verification may be required if an employee uses paid sick leave for more than three (3) consecutive days for which the employee was required to work.

Reasonable Notice for Use of Paid Sick Leave for Domestic Violence Leave

Reasonable Notice for Foreseeable Use of Paid Sick Leave

An employee must give advance oral or written notice to **[insert contact]** as soon as possible for the foreseeable use of paid sick leave to address issues related to the employee or the employee's family member being a victim of domestic violence, sexual assault or stalking.

Reasonable Notice for Unforeseeable Use of Paid Sick Leave

If an employee is unable to give advance notice because of an emergent or unforeseen circumstance related to the employee or the employee's family member being a victim of domestic violence, sexual assault or stalking., the employee or a designee must give oral or written notice to **[insert contact]** no later than the end of the first day that the employee takes such leave.

Employee Notice for Use of Accrued Paid Sick Leave

Notice of planned use of paid sick leave must be made at least 10 days in advance where possible. If paid sick leave is used in an emergency or for an unplanned use, please complete this form when you return to work.

Per policy: a minimum of one (1) hour notice prior to the start of your shift is required, if possible.

Employee Name	Employee ID	Date Submitted
Type of Leave <input type="checkbox"/> Paid Sick Leave <input type="checkbox"/> Unpaid <input type="checkbox"/> Shared Paid Sick Leave		

I am providing notification of my use of accrued paid sick leave for the following date(s) and time(s):

Date	Shift Type	Start Time	End Time	Total Hours Requested
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

Documentation is attached (if necessary) for use of paid sick leave of more than three (3) consecutive days for which I am/ was required to work.

 Employee's Signature Date

To Be Completed to the Employer

Current Available Sick Leave Hours: _____	Hours Used: _____
Unpaid Hours if Paid Sick Leave Hours are insufficient: _____	

<input type="checkbox"/> Sick leave tracking sheet updated	

Please refer to the Employee Paid Sick Leave Policy for guidance on approved use of leave.