

Employee Name	Employee ID	Date Submitted
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## Employee Notice for Use of Paid Sick Leave

Please fill out and return this form to **[insert contact]** by the date specified in the table directly below.

Reason for Paid Sick Leave Use	Foreseeable or Unforeseeable?	Form Required By
To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health-related reason.	Foreseeable	Please complete this form at least 10 days, or as early as practicable, before the first day paid sick leave is used.
To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health-related reason.	Unforeseeable	Please complete this form upon your return from using paid sick leave.
To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.	Foreseeable	Please complete this form as soon as possible before using paid sick leave for such reason.
To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.	Unforeseeable	Please complete this form upon your return from using paid sick leave.

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

Date	Shift Type	Start Time	End Time	Total Hours
	<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 for more than three (3) consecutive days for which I was required to work.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### To Be Completed to the Employer

Paid Sick Leave Hours Used:	
Remaining Balance:	
Comments:	

