Employee Verification for Authorized Use of Paid Sick Leave for Absences Exceeding Three Days

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| --- | --- | --- |
| I, |  | , attest that I used accrued paid sick leave |
|  | Employee’s Name |  |
| for an authorized purpose on the following date(s): | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Shift Type | Start Time | End Time | Total Hours Used |
|  | Full  Partial | am  pm | am  pm |  |
|  | Full  Partial | am  pm | am  pm |  |
|  | Full  Partial | am  pm | am  pm |  |
|  | Full  Partial | am  pm | am  pm |  |
|  | Full  Partial | am  pm | am  pm |  |

I am providing verification that establishes or confirms my use of paid sick leave was for an authorized purpose for more than three (3) consecutive days I was required to work.

I am providing the following (attached):

|  |  |
| --- | --- |
|  | Documentation from a health care provider |
|  | A written statement indicating that my use of paid sick leave was necessary to take care of myself or a family member |
|  | Verification that myself or a family member have been a victim of domestic violence, sexual assault, or stalking (please see the paid sick leave verification policy for the list of acceptable documentation) |
|  | Verification that my employee’s child’s school or place of care was closed by order of a public official for any health-related reason |
|  | Other |
|  | I do not have any of the requested documentation listed above, and to provide it would result in an unreasonable burden or expense on me. |

Providing this verification is an unreasonable burden or expense on me for the following reason:

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| --- | --- | --- |
|  |  |  |
| Employee’s Signature |  | Date |