

WASHINGTON TOWNSHIP PUBLIC SCHOOLS

Earned Sick Leave Request Form

*Must be submitted seven (7) days prior to requested date of time off
unless emergency circumstances prevent doing so.*

Employee Name: _____

Employee's Department/Position: _____

Date of Absence(s): _____

Immediate Supervisor: _____

I request _____ hours (minimum of four (4) hours needed to request time off) of earned paid leave in accordance with the following provisions of the law:

Reason must be one of the following (check the one that applies):

- ☐ Personal illness, injury, treatment, or for preventative medical care
- ☐ Caring for a family member during care, treatment, or recovery from illness or injury or for preventative medical care for employee's family member
- ☐ Employee or employee's family member being a victim of domestic or sexual violence
- ☐ Time needed after the closure of workplace or the school/place of care of employee's child by order of a public official or other public health emergencies, or if a public health authority issues a determination that the presence of the employee or their family member would jeopardize the health of others
- ☐ Attending a school-related function of employee's child requested or required by the school, or attending a meeting concerning the care provided to the child in connection with the child's health conditions or disability.*

**Documentation supporting this reason must be attached with the request.*

I further understand that I will be required to provide documentation of my absence where my absence utilizes three (3) or more consecutive paid sick days.

Employee Signature: _____

Do not assume a request is approved; you will be notified of approval or denial within two (2) days of this submission.