



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

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
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

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:

Employee's Signature

Date

Administrator's Signature

Date