



EMPLOYEE SICK TIME REQUEST FORM

Employee **MUST** complete, sign and return this “Sick Time Off Request” form and email to accounting@footbridgeconsulting.com in order to be paid for sick leave.

**** Sick time is ONLY eligible for use after 90 days of work as stated in the sick time policy****

YOU MUST CALL YOUR DIRECT SUPERVISOR AND YOUR FOOTBRIDGE RECRUITER TO PROVIDE NOTICE OF YOUR TIME OFF.

Date of Notification: _____

Direct Supervisor Name: _____ **Phone:** _____

FootBridge Recruiter Name: _____ **Phone:** _____

I, _____ (print or type NAME), attest that I used earned sick time for the authorized reason/s checked below:

- to care for my child, spouse, parent, or parent of my spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;
- to care for my own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;
- to attend a routine medical appointment or a routine medical appointment for my child, spouse, parent, or parent of my spouse;
- to address the psychological, physical, or legal effects of domestic violence; or
- to travel to and from an appointment, a pharmacy, or other location related to the purpose for which the time was taken.

Date **# of Hours Taken**

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Employee Signature

Employee Name (Print)

Date Signed
