

TeleSearch Paid Sick Leave Form

In order to use your accrued Paid Sick Leave from TeleSearch, you must complete this form. See the Instructions in the section to the right of this page for additional information.

☐ Check Here if you are **requesting time off in advance**. Note: After you have taken time off you will have to submit another Paid Sick Leave Form that reports the actual time you took off.

☐ Check Here if you are **reporting time off you have already taken**.

Employee Name: _____

Last 4 digits of your SSN: _____

Company Name you work for: _____

Date(s) Requested (or Absent): _____

Total Number of Hours Requested (or Absent) _____

Reason for Request (or Absence); check one category below:

- ☐ Medical Care for Self
- ☐ Medical Care for Family Member
- ☐ Domestic Violence Issue
- ☐ School Related Appointment
- ☐ Public Health Closure

Medical documentation is required when the employee uses Paid Sick Leave for 3 or more consecutive days.

Additional Comments:

Employee Signature: _____

Date: _____

TeleSearch Branch Manager Approval Signature:

_____ Date: _____

TeleSearch Staffing Solutions **Paid Sick Leave Form - Additional Instructions**

The Form to the left is to be used twice for each instance of Paid Sick Leave (PSL); once to **request accrued PSL in advance** AND a second time to **report PSL after it has been taken**. Seven days advance notice is required for planned sick leave. For Unforeseeable Circumstances, you can use the Form once to report PSL that has been taken after the fact.

All Sick Leave must be taken in whole hour increments.

Acceptable Reasons to Use Accrued PSL:

1. You need diagnosis, care, treatment, or recovery from a mental or physical illness, injury, health condition or preventive **medical care for yourself**.
2. You need diagnosis, care, treatment, or recovery from a mental or physical illness, injury, health condition, or preventive **medical care for a Family Member** (see Definitions of Family Members below).
3. You or a Family Member have been the **victim of domestic violence or sexual violence** and you need time for treatment, counseling, or to prepare for legal proceedings.
4. You need to attend a **school-related** conference, meeting, or event regarding your child's education or health.
5. Your employer's place of business closes due to a **public health emergency** or you need to care for a child whose school or child care provider closed due to a public health emergency.

Family Members Definitions:

The following are considered Family Members for purposes of PSL:

1. Child (biological, adopted, or foster child, stepchild, legal ward, child of a domestic partner or civil union partner).
2. Grandchild
3. Sibling
4. Spouse
5. Domestic partner or civil union partner
6. Parent
7. Grandparent
8. Spouse, domestic partner, or civil union partner of your parent or grandparent
9. Sibling of your spouse, domestic partner, or civil union partner
10. Any other individual related to you by blood
11. Any individual whose close association with you is the equivalent of family