



**NYC
EMPLOYEE SICK TIME REQUEST FORM**

Employee **MUST** complete, sign and return this “Sick Time Off Request” form and fax to (866) 828-4151 or email to timesheets@footbridgecompany.com in order to be paid for sick leave.

YOU MUST CALL YOUR DIRECT SUPERVISOR AND YOUR FOOTBRIDGE RECRUITER
to provide notice of your time off.

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:

- You have a mental or physical illness, injury, or health condition; you need to get a medical diagnosis, care, or treatment of your mental or physical illness, injury, or condition; you need to get preventive medical care.
- You must care for a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or who needs preventive medical care.
- Your employer’s 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.
- You or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking, or human trafficking and you need to take actions necessary to restore the physical, psychological, or economic health or safety of you or your family members or to protect those who associate or work with you, including to:
 - Obtain services from a domestic violence shelter, rape crisis center, or other services program.
 - Participate in safety planning, relocate, or take other actions to protect your safety or that of your family members, including enrolling children in a new school.
 - Meet with an attorney or social service provider to obtain information and advice related to custody; visitation; matrimonial issues; orders of protection; immigration; housing; discrimination in employment, housing, or consumer credit.
 - File a domestic incident report with law enforcement or meet with a district attorney’s office.

Date **Number of Hours Taken**

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Employee Signature

Employee Name (Print)

Date Signed

Date Signed