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:

[ ] 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	**Number of Hours Taken**
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

_____ _____
Employee Signature **Employee Name (Print)**
Date Signed_____