

**SICK TIME NOTIFICATION POLICY**

If an employee needs to take sick time, he or she should complete the bottom portion of this form, and send a copy as an attachment to Allison St. Hill asthill@alphabizpayroll.com AND to sicktime@alphabizpayroll.com. Advance notification of up to seven (7) days is required if an absence is foreseeable. The employee will receive a confirmation via email if the requested sick time has **not** been approved. Accrued sick time balance information can be found on the employee pay statements. Pay Statements are found in the ADP Portal <https://workforcenow.adp.com> .

For absences of more than three (3) consecutive days, employees may be required to provide a note from their doctor attesting that the leave was for a permitted purpose under the Act (provided that the doctor’s notice should not specify the nature of the employee’s or family member’s injury, illness, or condition).

**SEPARATION OF EMPLOYMENT**
*Accrued but unused sick leave will be forfeited and not paid upon separation of employment for any reason. If employment is separated and the employee is rehired within a six-month period, the balance of accrued unused sick time will be reinstated. If employment is separated and the employee is not rehired within a six-month period, accrued unused hours will be forfeited and the employee will be subject to a new 120-day waiting period if rehired.*

**REQUEST FOR PAID SICK LEAVE FORM**

Today’s Date: (month/day/year).

I (print or type name),

am requesting hours of my accrued paid sick leave on (month/day/year).

 hours of my accrued paid sick leave on (month/day/year).

 hours of my accrued paid sick leave on (month/day/year).

My Work location (City) is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact Allison St. Hill at 732-784-1595 (office) or asthill@alphabizpayroll.com if you need assistance completing and/or submitting this form.