**NEW JERSEY PAID EARNED SICK TIME REQUEST FORM**

(*Newark and Jersey City Employees only)*

**EMPLOYEE SECTION:**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your absence **foreseeable** or **unforeseeable**?

 **Foreseeable** (*e.g. planned doctor’s appointment*)(*Newark employees must submit* *request at least five (5) days in advance of foreseeable absence*)

 **Unforeseeable** (*e.g. unplanned illness or emergency room visit*)(*request must be submitted no later than seven (7) days after last day of absence*)

1. **Request to Use Earned Paid Sick Time:**

|  |  |  |
| --- | --- | --- |
|  | Days Absent  (*mm/dd/yyyy*) | Hours Requested  (Jersey City  Employees Only) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

INSTRUCTIONS: Indicate the days you were or will be absent.

**Jersey City** employees may use earned paid sick time in one (1) hour blocks, up to the number of hours in a standard shift (usually eight hours.) If you are a Jersey City employee, indicate the number of hours you intend to use in the space provided.

**Newark** employees only need to indicate days absent. Earned hours will automatically be used, up to the number of hours in the employee’s standard workday.

1. **SIGNED NOTE**: If you are a Jersey City employee and you will be absent for more than three (3) consecutive business days, or if you are a Newark employee and you will be absent for more than two (2) consecutive business days, you must attach or otherwise provide a note signed by a licensed healthcare professional confirming the amount of sick time needed. **A SIGNED NOTE DOES NOT HAVE TO INDICATE THE SPECIFIC HEALTH REASON FOR ABSENCE.**
2. *I, the undersigned, certify that the contents of this form are true and accurate. I understand that any misuse of paid sick time, as outlined in Northpointe’s Policies, Procedures and Guidelines, may result in disciplinary action, up to and including termination. I understand that, barring exceptional circumstances, I must submit this* ***form no later than seven (7) days following my absence****.*

**EMPLOYEE SIGNATURE** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_