



## EARNED SICK TIME ACT

### *Request Form*

This form is to be completed by employees requesting paid sick time accrued under the Michigan's Earned Sick Time Act (ESTA).

**Please complete the following information, sign and submit to Business Department, Benefits.**

\_\_\_\_\_  
Employee ID (6 digit)

\_\_\_\_\_  
Employee Name (Please print)

Paid sick leave hours requested:

(Available balances are listed on most recent check stub)

Note: Requests received during a pay period will be processed on the next pay period. Sick leave payments will be based on hours requested or available balance, whichever is less. You have 30 days to submit your request following your last day of work.

☐

I certify the hours requested above were used to cover a sick leave or other ESTA qualifying absence(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date