

# **FONSON COMPANY, INC.**

Site Development / Road Builders / Sewer and Water

7644 Whitmore Lake Road • Brighton, MI 48116 • Phone: 810-231-5188 • Fax: 810-231-5404

## **Earned Sick Time Leave by Workweek Request Form**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) Requested Off: \_\_\_\_\_

Number Earned Sick Time Leave (ESTA) Hours Requested (1-hour increments) \_\_\_\_\_

### **Reason for Request: (check one)**

\_\_\_\_\_ The employee or the employee's family member's medical diagnosis, care, or treatment of mental or physical illness, injury, or health condition, or preventative medical care.

\_\_\_\_\_ If the employee or the employee's family member is a victim of domestic violence or sexual assault, for medical care or psychological or other counseling; for physical or psychological injury or disability; to obtain services from a victim services organization; to relocate due to domestic violence or sexual assault; to obtain legal services; or to participate in any civil or criminal proceedings related to or resulting from the domestic violence or sexual assault.

\_\_\_\_\_ For meetings at a child's school or place of care related to the child's health or disability, or the effects of domestic violence or sexual assault on the child; or

\_\_\_\_\_ For closure of the employee's place of business by order of a public official due to a public health emergency; for an employee's need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency; or when it has been determined by the health authorities having jurisdiction or by a health care provider that the employee's or employee's family member's presence in the community would jeopardize the health of others because of the employee's or family member's exposure to a communicable disease.

Employees Signature: \_\_\_\_\_

**\*\*Email or Fax completed form to Payroll\*\***