

# Historic St. Mary's City Commission

## Sick & Safe Leave Request Form

Name \_\_\_\_\_

Leave Codes

SICK AND SAFE

Date(s) Absent	Leave Code	Hours Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

***\*REQUIRED: Physician's certificate for 5 or more consecutive sick leave days  
days must be submitted to Human Resources.***

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

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*Sick Leave Usage for:**

- ~Employee's illness, injury or condition
- ~Preventative medical care for employee or the employee's family member
- ~Care for a family member with illness, injury or condition
- ~Maternity or paternity leave

Instructions:

1. Employee completes and submits to supervisor for approval and signature.
  2. Supervisor signs and returns to the Office of Human Resources for processing.
- Any questions, contact HR at 240-895-4309.