



Earned Sick and Safe (ESST) Leave Request Form

Employee name (please print name): _____

Sick or Safe Time (ESST) requested off:

Start date: _____ End date: _____ Total hours: _____

Employee signature

Date

Hire Standards Representative

Date

Hire Standards Payroll Representative

Date

This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

File in the employee's records