Employee Verification Regarding Authorized Use of Earned Sick Time

Under the Massachusetts I permitted to ask employee an authorized purpose und	s to verify that an insta	`	,
I,earned sick time for the au	thorized reason/s chee	(print or type name) cked below:	, attest that I used
[] to care for my child, spou mental illness, injury, or medica or preventative medical care;		1	1 ,
[] to care for my own physic professional medical diagnosis			t requires home care,
[] to attend a routine medica parent, or parent of my spouse	± ±	e medical appointment for	my child, spouse,
[] to address the psychologic	cal, physical, or legal effect	es of domestic violence; or	
[] to travel to and from an a the time was taken.	ppointment, a pharmacy, o	or other location related to	the purpose for which
I used earned sick time i	n the amount of	hours and	minutes on
the following date/s:	(0	late/s).	
I understand that if an employe with allowable purposes for ear employee for misuse of sick leav	rned sick time under M.G.		~
I understand that if an employe weekend, vacation, or holiday, the employee provides verification	an employer may discipline	the employee for misuse of	earned sick time, unless
Employee Signature		Employee Name	e (Print)
Date Signed			