

# City of Edmonds

## Employee Verification for Authorized Use of Accrued Paid Sick Leave

Per the City Personnel Policies concerning the use of paid sick leave for more than three (3) consecutive days I am/ or was required to work, I am providing verification that establishes or confirms my use of paid sick leave is/was for an authorized purpose.

I, \_\_\_\_\_ attest that I used accrued paid sick leave for at least one  
*Employee's Name*

of the authorized reasons per RCW 49.46.210 on the following date(s):

Date	Shift Type	Start Time	End Time	Total Hours
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

**Employee must check one box below and provide either documentation or information on unreasonable burden and/or expense.**

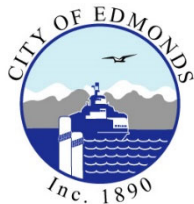
- I am providing the following documentation for verification:**
  - Health care provider documentation
  - A written statement from me indicating that the use of paid sick leave is/was necessary for an authorized reason under City policy
  - Domestic Violence/Sexual Assault/Stalking documentation (*see paid sick leave policy for the list of acceptable documentation*)
  - Child's school or place of care "Notice of Closure" due to health related reasons
- I do not have any of the requested documentation listed above and to provide it would be an unreasonable burden and/or expense. (If employee is asserting unreasonable burden the Department Head or Supervisor must forward form to HR for review)**

Providing documentation is an unreasonable burden or expense for the following reason(s):

I understand that knowingly providing false information about the use of accrued paid sick leave could result in discipline, including dismissal.

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*



# City of Edmonds

## Employee Verification for Authorized Use of Accrued Paid Sick Leave

**To be completed by Department Head or Supervisor (Please provide employee with a copy of this form once completed and signed by Department Head or Supervisor.)**

Received By _____	Date Received _____
<input type="checkbox"/> Verification approved ( <i>Forward all documents provided by employee and signed approval to HR to be placed in Employee Personnel File. <u>Do not retain documents.</u></i> )	
<input type="checkbox"/> Forwarded to HR for Unreasonable Burden/Expense review ( <i>Must forward immediately. City is required to respond within 10 days of receipt of employee's request.</i> )	
_____ <i>Department Head or Supervisor's Signature</i>	_____ <i>Date</i>
Notes:     	

**To be completed by Human Resources for unreasonable burden/expense review. (Copy of completed form to be provided to employee and placed in employee personnel file.)**

Received By _____	Date Received _____
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied*	
_____ <i>HR Designee Signature</i>	_____ <i>Date</i>
*If denied, please explain why below:     	
If the City will mitigate burden to the employee, describe mitigation clearly below:     	