

**Sick and Safe**  
**Request Form**  
*Please PRINT using black ink*

Employee Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant's Representative: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Pay Period: Sun: \_\_\_\_\_ Sat: \_\_\_\_\_  
(mm/dd/year) (mm/dd/year)

You are eligible for Sick and Safe as part of Minnesota State Statute MN 181.9413:

- ✓ Employee's mental or physical illness, treatment or preventive care;
- ✓ If injury of employee or employee immediate family\* occurs;
- ✓ Absence due to domestic abuse, sexual assault or stalking of the employee or a family member
- ✓ If public emergency arise.

\*Immediate family is as defined: child, adult child, foster child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent

I am requesting to be paid for \_\_\_\_\_ hours of Sick and Safe.

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

Hourly Rate: \_\_\_\_\_

Signature by the Participant/Representative indicates approval of Sick and Safe. **Participant/Representative is responsible for securing replacement care.**

Approval by Employee and the Participant/Representative does not guarantee payment of time off *if* balances do not support time requested.

**This Sick and Safe form must be submitted by the due date for the pay period in which you are requesting PTO.**

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

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

\_\_\_\_\_  
*Participant/Representative Signature*

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