



Villaire Organization

TIME OFF REQUEST FORM

Employee Name: _____ Employee Number: _____

Employee Job Title: _____ Employee Store Number: _____

I, _____, wish to designate the following date(s): _____ and/or time(s) _____ as time off of work, subject to management approval, for one of the following purposes (check one box):*

PAID MEDICAL LEAVE

Employees are entitled to use sick time for the following purposes:

- An employee's own or an employee's family member's mental or physical illness, injury, or health condition; the medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or preventive care. Family member is defined as a child, (including biological, adopted, foster child, stepchild, legal ward, or *in loco parentis* relationship), parent (including biological, foster, stepparent, adoptive parent, legal guardian, or person who stood *in loco parentis*), spouse (under the laws of any state), grandparent, grandchild, or sibling (biological, foster, or adopted).
- Specified purposes if an employee or family member is a victim of domestic violence or sexual assault.
- Closure of employee's workplace or a child's school or place of care due to a public health emergency.
- When health authorities or a healthcare provider determine that an employee's or employee's family member's presence would jeopardize others' health because of exposure to communicable disease.

OTHER TIME OFF (explain):

If seeking FMLA leave, please contact your General Manager or the Office at _____ as soon as possible

Employee Signature: _____ Date: _____

Please be advised that the Company will take disciplinary action, up to and including termination, against any employee who uses paid medical leave for purposes other than those listed above.

Office Use Only:

RECEIVED BY: _____ DATE: _____

REQUEST FOR PSL GRANTED? __ Y __ N

If No, state reason: _____