North Country Home Care II, Inc.

**NCHC ESST (Earned sick and safe time) Employee Form**

Eligible to those who have accrued hours, for a covered reason under MN ESST law.

Employee Name(print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request start date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accrued hours requested for payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Sick/ill
* Personal
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

More than 3 consecutive days requires Dr’s. note or other verification for absences to be submitted with this form

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*This form due by 8am Payroll Monday of current pay period\*\*\*

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*This form is also available on the nchc2.com website (under employee tab) for

completion and to be electronically submitted\*\*\*