

REQUEST FOR PMLA SICK LEAVE
(to be submitted with payroll through EDUStaff's district contact)

Employee Name		Employee ID
Date of request	Dates absent*	No. of hours claimed
Work location (district)	Employee Type	Aesop conf. # (if applicable)
Reason for leave (see explanation below)		
District on site supervisor (name)	District on site supervisor (date & signature)	

*Signed documentation is required for leave of more than 3 consecutive days/shifts/instances

Notes about the "Reason for leave" box

As prescribed by Michigan state law, eligible employees may take paid medical leave for any of the reasons listed below. While it is not necessary to disclose the specific health condition, we do ask that you provide the reason for your claim as described in this list for our employee records.

Medical leave:

- Physical or mental illness, injury, or health condition of the employee or his or her family member
- Medical diagnosis, care, or treatment of the employee or employee's family member
- Preventative care of the employee or his or her family member
- Closure of the employee's primary workplace by order of a public official due to a public health emergency
- The care of his or her child whose school or place of care has been closed by order of a public official due to a public health emergency
- The employee's or his or her family member's exposure to a communicable disease that would jeopardize the health of others as determined by health authorities or a health care provider

Domestic violence and sexual assault situations:

- Medical care or psychological or other counseling
- Receiving services from a victim services organization
- Relocation
- Obtaining legal services
- Participation in any civil or criminal proceedings related to or resulting from the domestic violence or sexual assault