**Sick and Safe Time (ESST) Leave Request**

**Instructions:** Employee completes this form and submits to Authorized Party/Support Manager for approval.

Employee Name and ID #: Date of Request:

Employer Name:

Dates of leave (specify times)

This leave request meets the below ESST requirements

**Sick and Safe Time (ESST) Requirements:**

The purpose of this benefit is to care for one’s own health or the health of a family member or to address issues caused by domestic violence, sexual harassment, or stalking.

ESST can be used for yourself or family member. A family member is defined as employee’s child, step-child, adopted child, foster child, adult child, spouse, sibling, parent, step-parent, mother-in-law, father-in-law, grandchild, ward, member of the household, or registered domestic partner.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Authorized Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Send to Lifeworks Services, Inc. by Fax to 651-454-2773, or email your Service Coordinator, or Mail to: 2965 Lone Oak Dr., Suite 160, Eagan, MN 55121