# Earned Sick and Safe (ESST) Leave request form

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

Send completed form to Lifeworks via one of the following methods:

Fax: 651-454-2773

Email: Payroll@lifeworks.org

Mail: 6636 Cedar Ave S., Ste 250, Richfield, MN 55423

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| **EMPLOYEE INFORMATION** |
| **EMPLOYEE NAME** | **EMPLOYEE ID #** |
| **PARTICIPANT NAME** | **DATE OF REQUEST** |
| **DATES OF ESST** – ESST must be used in 15-minute increments *(EXAMPLE 4.25, 4.5, or 4.75)* |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **DATE** | **NUMBER OF HOURS** |
| **TOTAL HOURS REQUESTED** |
| **SIGNATURES** |
| **EMPLOYEE SIGNATURE** | **DATE** |
| **SUPPORT MANAGER SIGNATURE** | **DATE** |