

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

EMPLOYEE INFORMATION	
EMPLOYEE NAME	EMPLOYEE ID #
PARTICIPANT NAME	DATE OF REQUEST
DATES OF ESST – ESST must be used in 15-minute increments (<i>EXAMPLE 4.25, 4.5, or 4.75</i>)	
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