



## ESTA Request Form

(Request for use of Accrued Sick Time Form)

**Employee Name**

First \_\_\_\_\_

MI \_\_\_\_\_

**How many working hours are you  
requesting to be paid for?**

\_\_\_\_\_

**Sick Time Start**

Date \_\_\_\_\_

Time \_\_\_\_\_

AM

PM

**Sick Time End**

Date \_\_\_\_\_

Time \_\_\_\_\_

AM

PM

### Reason for use of Sick Time

Employee or family member's illness, injury, or health condition; medical diagnosis, care, or treatment of my mental or physical illness, injury, or health condition; or preventative medical care.

If the employee or the employee's family member is a victim of domestic violence or sexual assault, for medical care or psychological or other counseling for physical or psychological injury or disability; to obtain services; to relocate; to obtain legal services; or to participate in any legal proceedings related to or resulting from the above.

For meetings at my child's school or place of care related to my child's health or disability.

For closure of the my place of business by order of a public official due to a public health emergency; for my need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency; or when it has been determined by the health authorities having jurisdiction or by a health care provider that the my or my family member's presence in the community would jeopardize the health of others because of my or my family member's exposure to a communicable disease.

**Date Submitted**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Last Four SS#**

\_\_\_\_\_

Submit this form by emailing it to [admin@ileexcavatinginc.com](mailto:admin@ileexcavatinginc.com)

Office Use    Approved by: \_\_\_\_\_    Date Form Received : \_\_\_\_\_    Received in a    Y    N  
timely manner?

Did employee provide sufficient information for eligibility?

Pay Rate: \_\_\_\_\_ Current Hours Balance: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Balance After Paid: \_\_\_\_\_