



**CAHOON CARE ASSOCIATES, LLC**  
*A family business you can trust.*

**Authorized Use of Earned Sick Leave**

I, (Please print your name) \_\_\_\_\_, authorize the use of my earned sick time in the amount of \_\_\_\_\_ hours on the following date \_\_\_\_\_. This absence was due to one of the following permissible uses, as permitted under the Massachusetts Earned Sick Time Law (M.G.L.c.149, s.148C).

- Care for your own physical or mental illness, injury or other condition that requires home, preventative or professional care.
- Care for a child, parent, spouse or parent of a spouse who is suffering from a physical or mental illness, injury or other medical condition that requires home, preventative or professional care.
- Attend routine medical and dental appointments for yourself or your child, parent, spouse or parent of a spouse.
- Address the psychological, physical or legal effects of domestic violence.
- Travel to and from an appointment, a pharmacy, or other location related to the purpose for which the sick time was taken.

*I understand that abusive or fraudulent use of sick time may result in disciplinary action. I also understand that failure to return this form may result in inability to use any other accrued sick-time, until completed form is returned to Cahoon Care Associates office.*

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

\_\_\_\_\_  
Date

- Please use this form to Authorize use of accrued sick time. Call Cory Alexandre with any questions: 781.659.1877 or [cory@cahooncare.com](mailto:cory@cahooncare.com)

Please return this form to Cahoon Care Associates, LLC  
Fax: 781.659.1477 or email: [cory@cahooncare.com](mailto:cory@cahooncare.com)