



CAHOON CARE ASSOCIATES, LLC
Real people. Real care.

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 return this form to
Cory at Cahoon Care Associates
Fax: 781.659.1477 or
email: cory@cahooncare.com