

SICK LEAVE POLICY

_____ Clinic understands that there may be times when an employee may need to stay home from work due to illness or injury. As an employee of the clinic, you are entitled to five days of paid sick leave after 90 days of employment with the clinic and up to three days of unpaid leave. The sick pay is calculated per calendar year January 1 to December 31 and is not eligible to be carried over into any calendar year. The paid sick leave is not intended to be used to attend regular medical appointments nor is it to be used for taking personal time off work that is not related to illness or injury.

If you are unable to attend work due to illness or injury the clinic

_____ should be called at _____ **(text is not acceptable)** as soon as you are aware that you will not be able to work.

_____ Medical Clinic may ask for proof of illness or injury and any cost of incurring the note will be the responsibility of the employee. Any excessive requests for sick leave will be reviewed with you in person to discuss a return-to-work plan.

I have read and understood the Sick Leave Policy of _____
Medical Clinic

Employee Name
Date:

Employee Signature

Manager Name
Date:

Manager Signature