

COUNTY COLLEGE OF MORRIS
Scheduled Sick Leave Request – Part Time Employees

Employee Name:	Department:	Date:

Date(s)		Total Days	Hours		Total Hours
From	To		From	To	

Check the reason you are requesting leave under the New Jersey Paid Sick Leave Law:

 Personal - time needed for diagnosis, care or treatment of - or recovery from – an employee’s own mental or physical illness, injury or other adverse health condition including preventative medical care.

 Family - time needed for the employee to care for a covered family member during diagnosis, care or treatment of – or recovery from – the family member’s mental or physical illness, injury or other adverse health condition including preventative medical care. Covered family members include: spouse, children, parents, foster parents, siblings, grandparents, grandchildren, step-parents, step children, in-laws, domestic partner or other person who occupies such position within the family, or a person living in the same household.

 Circumstances - resulting from the employee or their family member being a victim of domestic or sexual violence, if the leave is to obtain medical attention, counseling, relocation, or participate in related legal services.

 Public Health Emergency Closure - of an employee’s workplace or of a school/childcare of an employee’s child because of a public official’s order relating to a public health emergency.

 Time to Attend - a meeting requested or required by school staff to discuss a child’s health condition or disability.

**For approval, the absence must be related to the reasons permitted by the New Jersey Paid Sick Leave Law. If the need is for a planned event, a minimum of 7 days’ notice is required whenever possible to be given to the employee’s supervisor. Absences of three or more consecutive work days require either a doctor’s note or an original letter addressed to the College from an official or administrator providing explanation for the absence. However, the College reserves the right to require documentation for any absence covered by the law. Medical certifications and/or fitness for work certifications may be requested by the College due to HIPPA rules. All certifications are to be provided only to the Human Resources department Benefits Manager.*

I am taking leave in accordance with the provisions of the New Jersey Paid Sick Leave Law as indicated above. I understand that I cannot take more than forty (40) hours in one fiscal year (July – June) even though I may have an accrual balance exceeding this annual maximum.

Employee Signature

Date

Approved*

Denied

Immediate Supervisor Signature

Date