



CAHOON CARE ASSOCIATES, LLC
Real people. Real care.

Sick Time Request Form

Sick time requests forms must be filled out within two weeks of absence or the sick time pay will not be granted.

CCA does not grant retroactive sick time past two weeks.

Employees may only use up to 40 hours of sick time per calendar year.

Employees can roll over up to 40 hours of sick time to the next calendar year

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 Brianna at Cahoon Care Associates

Fax: 781.659.1477 or email: brianna@cahooncare.com