

Employee Verification Regarding Authorized Use of Earned Sick Time

Under the Massachusetts Earned Sick Time Law (M.G.L. c. 149, § 148C), employers are permitted to ask employees to verify that an instance of sick leave of any length was used for an authorized purpose under the law.

I, _____ (print or type name), attest that I used earned sick time for the authorized reason/s checked below:

☐ to care for my child, spouse, parent, or parent of my spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;

☐ to care for my own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care;

☐ to attend a routine medical appointment or a routine medical appointment for my child, spouse, parent, or parent of my spouse;

☐ to address the psychological, physical, or legal effects of domestic violence;

☐ to address the employee's own physical and mental health needs, and those of their spouse, if the employee or the employee's spouse experiences pregnancy loss or a failed assisted reproduction, adoption or surrogacy;

☐ to travel to and from an appointment, a pharmacy, or other location related to the purpose for which the time was taken.

I used earned sick time in the amount of _____ hours and _____ minutes on the following date/s: _____ (date/s).

I understand that if an employee is committing fraud or abuse by engaging in an activity that is not consistent with allowable purposes for earned sick time under M.G.L. c. 149, § 148C, an employer may discipline the employee for misuse of sick leave.

I understand that if an employee is exhibiting a clear pattern of taking leave on days just before or after a weekend, vacation, or holiday, an employer may discipline the employee for misuse of earned sick time, unless the employee provides verification of authorized use under M.G.L. c. 149, § 148C.

Employee Signature

Employee Name (Print)

Date Signed