



UPTACK

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Verification of Use of Earned Paid Sick Leave

I hereby certify that on the following date(s) _____, I used my Earned paid sick leave for the following reason(s) (Please check appropriate box):

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Attend a routine medical appointment for me or a routine medical appointment for my child, spouse parent or parent of my spouse
<input type="checkbox"/>	Address the psychological, physical, or legal effects of domestic violence
<input type="checkbox"/>	Travel to and from an appointment, a pharmacy, or other location related to one of the above.

I understand that making a false certification may be grounds for discipline up to termination of employment.

Signature of Employee

Date

Please print your name