

# City of Montpelier Police Department



**Eric W. Nordenson**  
Chief of Police



## **EMPLOYEE SICK LEAVE FORM**

Name of Employee:

Work Assignment:

### **Important Notice to Employees**

Employees on personal sick leave are reminded of the following requirements:

1. **Engagement in Activities:** While on sick leave, you must avoid activities that could extend your recovery time or delay your ability to return to work.
2. **Residence Requirement:** Unless seeking medical care, obtaining medication, attending a religious service, or voting in a public election, employees may be required to remain at their primary residence during the hours of sick leave.

Failure to adhere to these guidelines may result in the denial of sick leave and could lead to disciplinary action, up to and including termination of employment.

1. Reason for sick leave use: Personal Illness/Injury ☐ Family Illness/Injury ☐ Other ☐
2. Beginning date: \_\_\_\_\_ Returned to work date: \_\_\_\_\_
3. Was a physician or other qualified healthcare provider visited? Yes ☐ No ☐
4. Are you taking medication that could affect your ability to perform your normal duties and responsibilities? Yes ☐ No ☐
5. If yes, please describe the possible effects: \_\_\_\_\_
6. While on sick leave, did you leave home for any reason that could be reasonably construed to be contrary to the Sick Leave policy? Yes ☐ No ☐
7. If yes, state the reason: \_\_\_\_\_
8. Did you engage in any activities that could be reasonable construed to be contrary to the Sick Leave policy? Yes ☐ No ☐
9. If yes, state the reason and activity: \_\_\_\_\_

I acknowledge that this is an official report, and I affirm that all information provided by me is accurate and truthful to the best of my knowledge. I understand that providing false, misleading, or inaccurate information may result in corrective action, up to and including termination of employment.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Sergeant / Administration to complete**

Total hours of sick leave earned to date: \_\_\_\_\_

Remaining sick leave balance: \_\_\_\_\_

Was this sick leave attached to a scheduled day off? Yes ☐ No ☐

Does the employee have a predictable pattern of sick leave use? Yes ☐ No ☐