

**Hampshire College**  
**Verification Regarding Authorized Use of Earned Sick Time or Sick Leave**

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, domestic partner, parent, or parent of my spouse or domestic partner, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventive 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 preventive medical care;

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

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

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 (15 minute intervals) on the following date/s: \_\_\_\_\_.

*I understand that if I am committing fraud or abuse by engaging in an activity that is not consistent with allowable earned sick/sick leave time purposes, I may face discipline for misuse of earned sick/sick leave time.*

*I understand that if I exhibit a clear pattern of taking leave on days just before or after a weekend, vacation, or holiday, I may face discipline for misuse of earned sick time, unless I provide verification of authorized use.*

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employee Name (Print)**

\_\_\_\_\_  
**Date Signed**