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[Company/Organization Name]

Effective Date: [Date]

Sick Leave Policy

 [Company/Organization Name] is committed to promoting the health and well-being of its employees. We understand that employees may occasionally need to take time off work due to illness or medical appointments. This Sick Leave Policy outlines the guidelines and procedures for requesting and utilizing sick leave.

**Eligibility:**

All regular full-time and part-time employees are eligible for sick leave benefits in accordance with applicable employment laws and company policies. Temporary, seasonal, and contract employees may be eligible for sick leave benefits as determined by their employment agreement.

**Accrual and Entitlement:**

Sick leave will be accrued based on [Company/Organization Name]'s accrual method [e.g., hours worked, length of service, etc.]. The specific accrual rate, maximum accrual limits, and waiting periods before utilizing accrued sick leave will be outlined in the employee handbook or employment agreement.

**Usage of Sick Leave:**

Sick leave may be used for the following purposes:

1. Personal illness or injury that prevents the employee from performing their job duties.
2. Medical appointments, treatments, or examinations.
3. Caring for an immediate family member with a serious health condition.
4. Other circumstances as specified by applicable employment laws or company policies.

**Requesting Sick Leave:**

Employees must notify their immediate supervisor or manager as soon as possible, preferably before the start of their scheduled shift, in the event they are unable to report to work due to illness or a medical appointment. The company may require employees to provide supporting documentation, such as a doctor's note or medical certificate, depending on the duration and frequency of sick leave taken.

If an employee's sick leave extends beyond the available accrued sick leave, they may be eligible to use other leave entitlements, such as paid time off (PTO) or other applicable leave programs, subject to company policies and employment laws.

**Notification and Call-In Procedures:**

Employees are expected to adhere to the company's notification and call-in procedures when reporting sick leave. This may include contacting their supervisor or designated point of contact within a specified timeframe, providing the reason for the absence, and providing an estimated return-to-work date if known.

**Leave Documentation and Recordkeeping:**

All sick leave requests and supporting documentation will be recorded and maintained in accordance with applicable laws and company recordkeeping policies. The company will treat all medical-related information as confidential and in compliance with privacy laws and regulations.

**Employee Responsibilities:**

Employees utilizing sick leave are expected to comply with the following responsibilities:

1. Notify their supervisor or manager promptly of the need for sick leave.
2. Provide any required documentation or medical certificates as requested.
3. Follow company call-in procedures and keep their supervisor informed of any changes in their absence or return-to-work status.
4. Use sick leave for legitimate and authorized purposes only.
5. Comply with any return-to-work procedures or requirements, such as fitness-for-duty certifications if applicable.

**Abuse or Misuse:**

Any abuse or misuse of sick leave, including providing false information, may result in disciplinary action, up to and including termination of employment, in accordance with company policies and applicable laws.

**Policy Review and Updates:**

This Sick Leave Policy will be periodically reviewed and updated to ensure compliance with applicable laws and to meet the changing needs of the organization. Updates to the policy will be communicated to employees through appropriate channels.

If you have any questions or concerns regarding this policy or need guidance on sick leave procedures, please consult the Human Resources department.

[Company/Organization Name] is committed to supporting the well-being of its employees and ensuring a healthy work environment.

**Employee:**

I have read and understood the Sick Leave Policy, and I do not have any questions.

[Employee's Full Name]

[Employee's Signature]

[Date]

**Company:**

[Company Name]

[Company Representative's Name]

[Company Representative's Title]

[Company Representative's Signature]

[Date]