



FEDERAL CONTRACTOR PAID SICK LEAVE (EO 13706) PAYOUT REQUEST FORM

Please notify your supervisor then complete this form in order to request a payout of sick leave hours incurred under Executive Order 13706 / Federal Contractor Paid Sick Leave. Scan and send the completed form to benefits@metlang.com. DO NOT include a medical diagnosis on this request form. Under the policy, employees are permitted to use paid sick leave for any of the following purposes, as well as for any other purpose provided for under applicable state/local law:

- The employee's own physical or mental illness, injury or other health-related needs, including diagnostic or preventive care;
- To assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including diagnostic or preventive care; or
- For reasons resulting from, or to assist a family member (or person who is like family to the employee) who is the victim of, domestic violence, sexual assault, or stalking.

If additional leave is needed, please contact hr@metlang.com.

Date of Request:	
Date(s) Out of Work:	
Employee Name:	
Work Location and Supervisor Name:	
Number of Sick Leave Hours Requested:	

Signature of Employee

Date

For Internal Use Only:

Date Processed

Initials

Paid Sick Leave Payout Request Form, 08/03/18