



Fax Toll Free using 1-888-800-7336
Email to: Payroll@MyMRCI.ORG

Sick and Safe Request Form

Employee Name: _____

Participant Name: _____

Participant's Representative: _____ Daytime Phone # _____

Pay Period: Sun: _____ Sat: _____
(mm/dd/year) (mm/dd/year)

You are eligible for Sick and Safe as part of Minnesota State Statute MN 181.9413:

- ✓ Employee's mental or physical illness, treatment or preventive care;
- ✓ If injury of employee or employee immediate family* occurs;
- ✓ Absence due to domestic abuse, sexual assault or stalking of the employee or a family member;
- ✓ If public emergency arises.

*Immediate family is as defined: child, adult child, foster child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent

I am requesting _____ hours of Sick and Safe hours.

Date Requested for Sick and Safe leave: _____

Date Requested for Sick and Safe leave: _____

Date Requested for Sick and Safe leave: _____

Date Requested for Sick and Safe leave: _____

Hourly Rate: _____

Signature by the Participant/Representative indicates approval of Sick and Safe. **Participant/Representative is responsible for securing replacement care.**

Approval by Employee and the Participant/Representative does not guarantee payment of time off *if* balances do not support time requested.

This Sick and Safe form must be submitted with your timecard for the period in which you are requesting Sick and Safe. As a reminder, Sick and Safe is a benefit to replace work hours for an employee who is not able to work due to personal medical or physical illness, treatment or preventative care for the employee or immediate family member.

Employee Signature

Date

Participant/Representative Signature

Date

Office Hours:
Monday – Friday 8a-4:30p

1750 Energy Drive
Mankato, MN 56001