

# Sick and Safe Request

P-R-I-N-T Employee Name \_\_\_\_\_

P-R-I-N-T Participant Name \_\_\_\_\_

| Pay Period Start Date | Pay Period End Date | Total SSL Hours Requested |
|-----------------------|---------------------|---------------------------|
| ____/____/20____      | ____/____/20____    | _____                     |

\*Signatures are required for payment:

**Employee** \_\_\_\_\_ Date \_\_\_\_\_

**Participant Employer/Managing Party** \_\_\_\_\_ Date \_\_\_\_\_

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\*For more information regarding your city ordinance, please visit our CDI website at: [consumerdirections.info](http://consumerdirections.info)

### Options for Submitting Your Sick & Safe Leave Requests

**Toll Free Fax:** 1-888-400-3238

**E-Mail:** [Payroll@yourfse.com](mailto:Payroll@yourfse.com)

**Questions:** Call your CDI Contact

**Mail:** Consumer Directions

PO Box 6128

Saint Cloud, MN 56302