

SMALL NECESSITIES LEAVE ACT

Employee's Certification

I certify that on _____ I will/did take _____ hours of leave for the following purpose:

- to participate in school activities directly related to the educational advancement of a son or daughter
- to accompany the son or daughter of the employee to routine medical or dental appointments such as check-ups or vaccinations
- to accompany an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder's care

Sick leave _____

Vacation leave _____

Personal leave: _____

Employee's Signature: _____ Date: _____

Approved by Town Administrator:

Signature: _____ Date: _____