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[Company/Organization Name]

Effective Date: [Date]

Sick Leave Policy

[Company/Organization Name] recognizes the importance of employee health and well-being. We are committed to providing a comprehensive sick leave policy that enables employees to take time off when they are ill or require medical attention. This policy outlines the guidelines and procedures for taking sick leave.

**Eligibility:**

All regular full-time and part-time employees are eligible for sick leave benefits. Temporary employees, interns, and contractors are not eligible for sick leave unless otherwise required by applicable laws or employment agreements.

**Accrual of Sick Leave:**

Sick leave will be accrued based on the length of service and in accordance with local laws and regulations. The accrual rate will be [specify the rate, such as hours per pay period or days per month]. Sick leave will begin to accrue from the employee's first day of employment, but it may be subject to a waiting period not to exceed [specify waiting period].

**Usage of Sick Leave:**

Employees may use sick leave for the following reasons:

1. Personal illness or injury that prevents the employee from performing their job duties.
2. Medical appointments, including doctor visits, dental appointments, and other necessary healthcare visits.
3. Illness or injury of an immediate family member that requires the employee's care or assistance, as defined by applicable laws or company policies.
4. Absences related to pregnancy, childbirth, or related medical conditions, as protected by applicable laws.

Employees should notify their supervisor or manager as soon as possible, preferably before the start of their scheduled shift, when they need to use sick leave. If the need for sick leave extends beyond [specify number of consecutive days, e.g., three consecutive days], employees may be required to provide a medical certification or documentation from a healthcare provider.

**Accrual and Carryover Limits:**

Sick leave will accrue up to a maximum limit of [specify the maximum limit, such as hours or days]. Once the maximum limit is reached, no further sick leave will accrue until the employee utilizes their accrued sick leave.

Unused sick leave may be carried over to the following year, up to a maximum carryover limit of [specify carryover limit]. Any unused sick leave beyond this limit will be forfeited at the end of the calendar year. However, in compliance with local laws, if there are specific requirements for carryover or payout, those regulations will be followed.

**Documentation and Certification:**

Employees may be required to provide appropriate documentation or certification, such as a doctor's note or medical certificate, for sick leave absences of [specify number of consecutive days, e.g., three consecutive days] or as required by local laws or company policies.

**Abuse of Sick Leave:**

Sick leave is intended for genuine illness, injury, or medical appointments. Any abuse or misuse of sick leave is strictly prohibited and may result in disciplinary action, up to and including termination of employment.

**Confidentiality:**

The company recognizes the importance of maintaining the confidentiality of employees' medical information. Any medical documentation or information related to an employee's sick leave will be kept confidential and shared only on a need-to-know basis, as required by law.

**Review and Update:**

This sick leave policy will be reviewed periodically to ensure its effectiveness and compliance with applicable laws and regulations. Updates will be made as necessary.

If you have any questions or need clarification on this policy, please contact the Human Resources department.

[Company/Organization Name] values the well-being of its employees and strives to provide a supportive environment. We appreciate your adherence to this sick leave policy.

**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]