**Sick Leave Policy**

*[Your Company Name], in alignment with [insert state or city name] law, will provide [insert amount of time, i.e., 40 hours or 5 days] of sick leave each year.*

*Your sick leave balance will [reset January 1st or reset on employment start date anniversary].*

*Sick leave will be granted at the rate of [one hour per every xx hours worked, or x days per year].*

*Sick leave is defined as when you are ill and unable to come to work. (It also may include time to assist a family member such as your child with a medical appointment or illness, or to deal with a domestic abuse issues as required in some states.)*

*Sick leave in excess of [xx days or hours] hours may be subject to a doctor’s note required. (Note, this requirement is not legal in all states.)*

*You should call in each day of sick leave no later than [input time] unless in an emergency situation.*

*Your available sick leave balance, time taken, paid sick time and remaining sick leave hours available, will be provided via [paystub, company benefits portal, quarterly statement].*

*Unused sick leave [may/may not] be rolled over each year at the rate of [xx hours per year] up to a maximum of [xx hours].*

*Unused sick leave will not be paid out upon termination.*