



# ST. MICHAEL - ALBERTVILLE SCHOOLS

EXCELLENCE IS OUR TRADITION

## Earned Safe and Sick Time Designation Form

I, \_\_\_\_\_, designate the following individual to be my one other designated individual under the Earned Safe and Sick Time Law, as defined by Minnesota Statutes section 181.9445, subd. 7(4)

Designated Individual: \_\_\_\_\_

This notice will remain in effect until separation from employment or until you provide the district with written notice of revocation and/or an alternate designated individual.

This form will allow you to use your Earned Safe and Sick Time off for the individual designated. This form must be received by the Human Resources Department at least three (3) days in advance of use for the individual designated.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Human Resources Receipt of Form: \_\_\_\_\_  
Initials and Date

*Return this form back to Ally Olinger in the Human Resources Department or send it to [STMAHR@mystma.org](mailto:STMAHR@mystma.org)*