

## PAS (PERSONAL ACCOUNTING SERVICES) EARNED SICK TIME ACT

iod Begins: (MM/DD/	YYY)		Pay Period End	ls: (MM/DD/Y	YY)
Service Date (MM/DD)	Sick Start Time		Sick End Time		# of Hours Requested
1	:	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
1	•	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
1	:	AM PM	•	AM PM	
/	•	AM PM	•	AM PM	
/	:	AM PM	•	AM PM	
			Sick Time T	otal Hours	
cicipant/Employer and e statement of the Sicl		ested. The Pai	ticipant/Employ		

Waiver Agencies: 734.206.1440



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Part of the AssuranceSD Family

#### **Timesheet Checklist**

- ✓ Is my legal name on the TS?
- ✓ Is my Employer's legal name on the TS?
- ✓ Did I fill in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay Period Begins: (MM/DD/YYYY) Pay Period Ends: /DD/YYYY)

07/05/2025

07/18/2025

#### MARKING INSTRUCTIONS FOR TIMESHEET

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.

Do not write outside of the boxes.

- ✓ Did I fill in the dates for the correct day of the week?

  Example: July 9th is a Sunday you would fill the first Sunday as 07/09
- ✓ Did I review that all my hours are accurate?
- ✓ Did I sign and date my TS?

  Example: If the last day you worked was July 23rd you would sign and date the TS as 7/23/yr.
- ✓ Did my employer sign and date my TS?
- ✓ Did I make sure hours submitted are worked on or before the TS due date and signed date?
- ✓ Did I use standard time (not military time)?
- ✓ Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?
- ✓ Did I make sure I did NOT use white-out to make corrections?

PLEASE NOTE: Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in a delay of payment.

Once all check boxes are checked, please submit your timesheet to PAS (Personal Accounting Services).

#### **Earned Sick Time Act (ESTA)**

- The Michigan Earned Sick Time Act requires all employers with one or more employee(s) to provide earned sick time for eligible employees.
- Employees will accrue sick time based on hours submitted and paid in the amount of 1 hour for every 30 hours worked.
- Employees may earn a maximum of 40 hours of sick time per calendar year.
- Unused sick time may be carried over to the following calendar year, for a maximum rollover of 40 hours.
- Paid sick time must be paid for time off work at the same pay rate the employee earns during time worked.

### **Sick Time May Be Used for the Following Purposes:**

- Personal illness, injury, or health condition.
- Medical appointments or treatments (e.g. doctor visits, physical therapy).
- Care for an immediate family member with a serious health condition.
- Public health emergencies, including mandated quarantines.

For any questions or concerns, please contact our office at: **734.729.3100**.