

Employee Notification of Intention to Use Earned Safe or Sick Leave

FOR EMPLOYEE USE			
Date Request Made:		Location:	
Employee Name:		Employee ID:	
Department/Group:		Manager/Supervisor:	
I am notifying you of my intention to use earned safe or sick leave on the following date(s) and time(s):			
Date:		<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ___:___ a.m./p.m. To ___:___ a.m./p.m.
Date:		<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ___:___ a.m./p.m. To ___:___ a.m./p.m.
Date:		<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ___:___ a.m./p.m. To ___:___ a.m./p.m.
Date:		<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ___:___ a.m./p.m. To ___:___ a.m./p.m.
Signature of Employee		Date Signed	

IMPORTANT INFORMATION

- AUTHORIZED USES:** Under New York City's Earned Safe and Sick Time Act (Paid Safe and Sick Leave Law), you are permitted to use earned safe and sick leave for absence from work due to (1) need for preventive medical care; (2) mental or physical illness, injury, or health condition; (3) need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition for yourself or for a family member; (4) need for assistance when you or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking, or human trafficking. Your employer may discipline you, including dismissal from employment, if you use earned safe and sick leave for a purpose other than those authorized by the Paid Safe and Sick Leave Law.
- ADVANCE NOTICE:** If your need for safe or sick leave is foreseeable, your employer can require up to seven (7) days reasonable advance notice, in writing, of your intention to use safe or sick leave. Your employer's requirement for advance notice must be provided in written safe and sick leave policies.
- MINIMUM INCREMENT:** The Paid Safe and Sick Leave Law allows your employer to set a reasonable minimum increment for the use of safe and sick leave, but this minimum cannot be more than four (4) hours per day unless otherwise permitted by state or federal law. Your employer's minimum increment must be provided in written safe and sick leave policies.
- DOCUMENTATION:** After you use more than three (3) consecutive workdays of safe or sick leave, your employer may require documentation signed by (1) a licensed health care provider for use of sick leave; or (2) reasonable documentation from social service provider, attorney, court, law enforcement, clergy member, or notarized letter by you indicating the need for safe leave. Your employer cannot ask you for the reason why you are using safe or sick leave, except as required by other state or federal laws. Your employer's requirements and procedures for submitting documentation must be provided in written safe and sick leave policies.
- FINDING A REPLACEMENT:** The Paid Safe and Sick Leave Law prohibits your employer from requiring you to search for or find a replacement employee for the hours you are scheduled to work and plan to use safe or sick leave.
- RETALIATION PROHIBITED:** The Paid Safe and Sick Leave Law prohibits your employer from taking negative actions against you for requesting safe or sick leave, using safe or sick leave, or attempting to exercise any other rights protected by the Paid Safe and Sick Leave Law. If you believe your employer has taken unlawful retaliatory action against you, you may file a complaint with the New York City Department of Consumer Affairs online at nyc.gov/dca or by calling **311**.

FOR EMPLOYER USE ONLY			
Minimum Increment:	<input type="checkbox"/> Required	<input type="checkbox"/> Not Applicable	Date Returned to Work:
Documentation:	<input type="checkbox"/> Required	<input type="checkbox"/> Not Applicable	Date Documentation Provided:
Pay Authorized by:			Date Paid:
Provide a copy of this completed form to the employee named above.			