

# Employee Verification Regarding Authorized Use of Earned Safe and Sick Leave

Under New York City’s Earned Safe and Sick Time Act (Paid Safe and Sick Leave Law), employers are permitted to ask employees to verify that an instance of safe or sick leave of any length was used for an authorized purpose under the law.

- Employers may ask employees to provide medical documentation from a licensed health care provider *only* after the employee has used **sick leave** for more than three (3) consecutive workdays.
- Employers may ask employees to provide reasonable documentation, such as a document signed by an agent of an organization through which the employee received assistance, or by a member of the clergy, or an attorney, or a notarized letter from the employee explaining the need for the use of safe leave *only* after the employee has used **safe leave** for more than three (3) consecutive workdays.
- Employers may not require the person providing documentation to specify the reason for safe or sick leave.

Eligible employees are permitted to use earned safe and sick leave to take time off due to:

1. Mental illness, or the need for medical diagnosis, care, or treatment of a mental illness  
*employee or employee’s family member*
2. Physical illness, or the need for medical diagnosis, care, or treatment of a physical illness  
*employee or employee’s family member*
3. Injury, or the need for medical diagnosis, care, or treatment of injury  
*employee or employee’s family member*
4. Health condition, or the need for medical diagnosis, care, or treatment of health condition  
*employee or employee’s family member*
5. Need for preventive medical care  
*employee or employee’s family member*
6. Closure of employee’s place of business by order of a public official due to a public health emergency
7. A need to care for a child whose school or child care provider has been closed by order of a public official due to a public health emergency
8. A need to take actions necessary to restore the physical, psychological, or economic health or safety of the employee or employee’s family members or to protect those who associate or work with the employee if the employee or a family member may be the victim of any act or threat of domestic violence or unwanted sexual contact, stalking, or human trafficking. This might include actions to:
  - Obtain services from a domestic violence shelter, rape crisis center, or other services program  
*employee or employee’s family member*
  - Participate in safety planning, relocate, or take other actions to protect safety, including enrolling children in a new school  
*employee or employee’s family member*
  - Meet with an attorney or social service provider to obtain information and advice related to custody; visitation; matrimonial issues; orders of protection; immigration; housing; discrimination in employment, housing, or consumer credit  
*employee or employee’s family member*
  - File a domestic incident report with law enforcement or meet with a district attorney’s office  
*employee or employee’s family member*

I, \_\_\_\_\_ (print or type name), attest that I used earned safe or sick leave for at least one of the authorized reasons listed above on the following date(s):

Month	Date(s)	Calendar Year

## FOR EMPLOYEE

Employee Signature:		Employee Title:	
Date Signed:		Employee ID:	

## FOR EMPLOYER

Employer:	
Work Location:	
Employer Address (if different from work location):	