

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):	

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.			