

Employee Verification Regarding Authorized Use of Earned Sick Leave

Under New York City's Earned Sick Time Act (Paid Sick Leave Law), employers are permitted to ask employees to verify that an instance of 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 using sick leave for more than three consecutive workdays.

Eligible employees are permitted to use earned sick leave 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. *Need to care for a child whose school or childcare provider has been closed by order of a public official due to a public health emergency*

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

Month	Date(s)	Calendar Year

I understand that knowingly providing false information about the use of earned sick leave could result in discipline, including dismissal.

Employee Signature

Employee Title

Date Signed

Employee ID Number

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

Employee Notification of Intention to Use Earned Sick Leave

FOR EMPLOYEE USE			
Date Request Made:			
Employee Name:		Employee ID:	
Department/Group:		Manager/Supervisor:	
Location:			

I am notifying you of my intention to use earned 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
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IMPORTANT INFORMATION

- AUTHORIZED USES:** Under New York City's Earned Sick Time Act (Paid Sick Leave Law), you are permitted to use earned sick leave for absence from work due to (1) need for preventive medical care; (2) mental or physical illness, injury, or health condition; and (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. Your employer may discipline you, including dismissal from employment, if you use earned sick leave for a purpose other than those authorized by the Paid Sick Leave Law.
- ADVANCE NOTICE:** If your need for sick leave is foreseeable, your employer can require up to seven (7) days reasonable advance notice, in writing, of your intention to use sick leave. Your employer's requirement for advance notice must be provided in written sick leave policies.
- MINIMUM INCREMENT:** The Paid Sick Leave Law allows your employer to set a reasonable minimum increment for the use of 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 sick leave policies.
- MEDICAL DOCUMENTATION:** After you use more than three (3) consecutive workdays of sick leave, your employer may require a note signed by a licensed health care provider indicating the need for the amount of sick leave used. Your employer cannot ask you for the reason why you are using sick leave, except as required by other state or federal laws. Your employer's requirements and procedures for submitting medical documentation must be provided in written sick leave policies.
- FINDING A REPLACEMENT:** The Paid 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 sick leave.
- RETALIATION PROHIBITED:** The Paid Sick Leave Law prohibits your employer from taking negative actions against you for requesting sick leave, using sick leave, or attempting to exercise any other rights protected by the Paid 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/consumers or by calling 311.

FOR EMPLOYER USE ONLY			
Determination:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date of Determination:
Determination by:			Reason, If Denied:
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.