

Confirmation of Use of Safe and Sick Leave or Paid Prenatal 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 confirm that an instance of safe and sick leave or paid prenatal leave of any length was used for an authorized purpose under the law. Employees are permitted to use leave under the law as follows:

Covered employees can use sick leave when:

- The employee has a mental or physical illness, injury, or health condition; need to get a medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or need to get preventive medical care.
- The employee has to care for a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition, or who needs preventive medical care.
- Their employer's business closes due to a public health emergency or the employee needs to care for a child whose school or child care provider closed due to a public health emergency.

Covered employees can use safe leave if they or a family member were the victim of any act or threat of domestic violence, unwanted sexual contact, stalking, or human trafficking, and they need to:

- obtain services from a domestic violence shelter, rape crisis center, or other services program;
- participate in safety planning, relocate, or take other actions to protect the employee's safety or that of the employee's family members, including enrolling children in a new school;
- meet with an attorney or social service provider to obtain information and advice related to a criminal or civil case, including custody, visitation, child support, divorce, orders of protection, immigration, housing, or discrimination;
- file a domestic incident report with law enforcement or meet with a district attorney's office;
- attend civil or criminal court dates related to any act or threat of domestic violence, unwanted sexual contact, stalking, or human trafficking; or
- take other actions necessary for the health or safety of themselves or family members, or to protect those who associate or work with the employee.

Covered employees can use paid prenatal leave to receive health care during their pregnancy or related to their pregnancy. Covered health care can include:

- Physical examinations
- Medical procedures
- Monitoring
- Testing
- Discussions with a health care provider
- End of pregnancy care
- Fertility treatment

I, _____ (*print or type name*), attest that I used leave for an authorized reason on the following date(s):

Date:	<input type="checkbox"/> Safe or Sick Leave OR <input type="checkbox"/> Paid Prenatal Leave	<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:	<input type="checkbox"/> Safe or Sick Leave OR <input type="checkbox"/> Paid Prenatal Leave	<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:	<input type="checkbox"/> Safe or Sick Leave OR <input type="checkbox"/> Paid Prenatal Leave	<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:	<input type="checkbox"/> Safe or Sick Leave OR <input type="checkbox"/> Paid Prenatal Leave	<input type="checkbox"/> Full Day/Shift	<input type="checkbox"/> From ____:____ a.m./p.m. To ____:____ a.m./p.m.

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