

# Notification of Use of Safe and Sick Leave or Paid Prenatal Leave

## FOR EMPLOYEE USE

Date Request Made:		Location:	
Employee Name:		Employee ID:	
Department/Group:		Manager/Supervisor:	
<b>I am notifying you of my intention to use leave on the following date(s) and time(s):</b>			
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.
<b>Signature of Employee</b>		<b>Date Signed</b>	

## 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 **safe and sick leave** for absence from work due to (1) your mental or physical illness, injury, or health condition; (2) need for preventive medical care or medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition for yourself or for a family member; (3) your employer's business closes due to a public health emergency or you need to care for a child whose school or child care provider closed due to a public health emergency; (4) if you or a family member were the victim of any act or threat of domestic violence or unwanted sexual contact, stalking, or human trafficking and you need to obtain services or take other actions necessary for the health or safety of yourself or your family member. You are permitted to use **paid prenatal leave** to receive health care during your pregnancy or related to your pregnancy. Your employer may discipline you, including fire you, if you use leave for a purpose not authorized by the Paid Safe and Sick Leave Law.

**MINIMUM INCREMENT:** Your employer **may** set a reasonable minimum increment for the use of leave, but this minimum cannot be more than four (4) hours per day for safe and sick leave or (1) hour per day for paid prenatal leave.

**DOCUMENTATION:** After you use more than three (3) consecutive workdays of leave, your employer may require written documentation, but cannot require any details, except the dates you needed to use leave.

**WRITTEN POLICY:** Employers must maintain written safe and sick leave and paid prenatal leave policies and distribute the policies when an employee begins employment, within 14 days of the effective date of any policy change, and upon employee request. The policy must include any advance notice, documentation, or minimum increment requirements, and any other conditions on the use of leave.

**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 leave.

**RETALIATION PROHIBITED:** It is illegal to punish, fire, or take any adverse employment action against you for exercising or trying to exercise your rights.

If you believe your employer has violated the Paid Safe and Sick Leave Law, you may file a complaint with the New York City Department of Consumer and Worker Protection online at [nyc.gov/workers](https://nyc.gov/workers) 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:	
Reviewed by:			Date:	

**Provide a copy of this completed form to the employee named above.**