

Employee Request to Make up Missed Work as Alternative to Using Safe and Sick Leave or Paid Prenatal Leave

IMPORTANT INFORMATION FOR EMPLOYEES

- Under New York City's Earned Safe and Sick Time Act (Paid Safe and Sick Leave Law), you can request to make up the scheduled hours you missed or will miss and not use safe and sick leave or paid prenatal leave for the absence. You may request to work additional hours or swap shifts with a coworker within the seven (7) days after your absence. If your absence is planned, you may also request to work additional hours or swap shifts with a coworker within the seven (7) days before your planned absence. (*Exception:* If you are an adjunct professor employed at an institute of higher education, you may work additional hours at any time during the academic term.) **Your employer cannot require you to work additional hours as an alternative to or in addition to using safe and sick leave or paid prenatal 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 safe and sick leave or paid prenatal leave.
- RETALIATION PROHIBITED:** The Paid Safe and Sick Leave Law prohibits your employer from taking negative actions against you for requesting or using safe and sick leave or paid prenatal leave, attempting to exercise any other rights protected by the Paid Safe and Sick Leave Law, or that would deter you from exercising your rights under the law.

If you believe your employer has violated the law, you may file a complaint with the New York City Department of Consumer and Worker Protection online at nyc.gov/workers or by calling 311.

FOR EMPLOYEE USE

Employee Name:		Date Request Made:	
Employee ID:		Manager/Supervisor:	
Department/Group:		Location:	
Instead of using safe and sick leave or paid prenatal leave, I am voluntarily requesting to:			
<input type="checkbox"/> Work additional hours OR <input type="checkbox"/> Swap shifts			
for the following date(s) and time(s):			
Date of Absence:		<input type="checkbox"/> Full Day/Shift	From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date of Additional Hours or of Swapped Shift:		<input type="checkbox"/> Full Day/Shift	From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Please check one.	<input type="checkbox"/> Within the 7 days before absence (only if planned) <input type="checkbox"/> Within the 7 days after absence	Name of Swapping Employee (if swapping shifts):	
Signature of Employee			Date Signed

FOR EMPLOYER USE ONLY

Determination:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date of Determination:	
Determination by:			Reason, If Denied:	
Provide a copy of this completed form to the employee making the request.				