



## Elite Employee Notification of Intention to Use Earned Safe &amp; Sick Leave

Date Request Made:	
Employee Name:	
Manager/ Supervisor:	
Work Site:	
Dept. / Group:	

*I am notifying Elite of my intention to use Earned safe and sick leave on the following date(s) and time(s)*

Date:		From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:		From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:		From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:		From ____:____ a.m./p.m. To ____:____ a.m./p.m.
Date:		From ____:____ a.m./p.m. To ____:____ a.m./p.m.

**Advanced Notice:** If your need for earned safe and sick leave is foreseeable, you are to notify Elite at least seven (7) days in advance, in writing of your intent to use earned safe and sick leave. The written notice should include an estimated return to work date.

**Minimum Increment:** Elite has set a four (4) hour minimum amount of earned safe and sick leave, and employee can use in a day.

**Documentation:** Elite Investigation requires documentation if you use more than three (3) consecutive workdays as safe or sick leave signed by a licensed health care provider for sick leave or documentation from a social service provider, legal service provider or notarized letter written by you indicating the need for safe leave.

**Replacement:** You must notify Elite (212-629-3131) within eight (8) hours before the start of your next scheduled shift, or as soon as is practicable, if you intend to use earned safe and sick leave so a suitable replacement can cover the job site.

**\*\* Refer to the Company policy for more information regarding Safe and Sick Leave and compensation for the time utilized.**

Determination:	____ Approved ____ Denied	Date of Determination:	
Determined By:		Reason, if Denied:	
Min. Increment:	____ Required ____ Not Applicable	Date Returning to work:	
Documentation:	____ Required ____ Not Applicable	Date documentation provided:	
Pay Authorized By:		Date Paid:	

### Elite Employee Verification Regarding Authorized Use of Earned Safe and Sick Leave

Under New York City's Earned Safe and Sick Leave Act, employers are permitted to ask employees to verify the proper use of safe and sick leave. Employers may and employees to provide documentation from either a licensed health care provider for sick leave or documentation from a social service provider, legal service provider or notarized letter written by you indicating the need for safe leave. Employees are required to complete the following safe and sick leave verification form each time safe and sick leave time is taken along with an excusal request.

Eligible Elite employees are permitted to use earned safe and sick leave ONLY due to one of the following. Please circle the number of the category below, which is the reason you will be requesting earned safe and sick leave time.

1. You have a mental or physical illness, injury, or health condition; you need to get a medical diagnosis, care, or treatment of your mental or physical illness, injury, or condition; you need to get preventive medical care.
2. You must 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.
3. Your employer's business closes due to a public health emergency or you need to care for a child whose school or childcare provider closed due to a public health emergency.
4. You or a family member may be the victim of any act or threat of domestic violence or unwanted sexual physical contact, stalking, or human trafficking and you need to take actions necessary to restore the physical, psychological, or economic health or safety of you or your family members or to protect those who associate or work with you, including 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 your safety or that of your family members, including enrolling children in a new school.
  - 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.
  - File a domestic incident report with law enforcement or meet with a district attorney's office.

*Please note the following: The law recognizes the following individuals as "family members:"*

- Any individual whose close association with the employee is the equivalent of family
- Child (biological, adopted, or foster child; legal ward; child of an employee standing in loco parentis)
- Grandchild; Spouse; Domestic Partner; Parent; Grandparent; Child or Parent of an employee's spouse or domestic partner
- Sibling (including a half, adopted, or step sibling)
- Any other individual related by blood to the employee

Rate of Accrual: Employee earned 1 hour of safe and sick leave for every 30 hours worked. Employee is allowed to start using accrued safe and sick leave as it's accrued.

I, \_\_\_\_\_ (print name), attest that I used earned safe and sick leave for at least one of the authorized reasons listed above on the following date(s)

Month:	Date(s):	Year:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_