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We take staffing close to heart.

Employee Verification Regarding Authorized Use of Earned Sick Leave

Employee Name: _____ Position: _____

Facility Assigned: _____ Date Filed: _____

Date Covered: From: _____ to _____ No. of Days: _____

Date of Return to Work: _____

Note: This is to verify that usage of sick leave of any length will only be used for an authorized purpose under the NYC Paid Sick Leave law. Leave due to sickness/medical reason of more than three consecutive days must be supported by doctor's certificate and must be filed upon return to work or duty. When utilizing sick time, a minimum daily increment of four hours and a maximum of seven hours can be used in a day. Sick time is NOT to be used as vacation time.

I understand that my earned sick leave will only be used due to at least one of the following reasons:

1. Mental or physical illness, or the need for medical diagnosis, care, or treatment of a mental or physical illness.
2. Injury, or the need for medical diagnosis, care, or treatment of injury.
3. Health condition, or the need for medical diagnosis, care or treatment of health condition.
4. Need for preventive medical care.
5. Closure of employee's place of business by order of a public official due to a public emergency
6. Need to care for a child whose 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. I understand that knowingly providing false information about the use of earned sick leave could result in discipline, including dismissal.

Employee signature: _____ Date: _____

Approved by: _____ (Supervisor/DNS/ADNS) Date: _____

Account Manager: _____ Date: _____

FOR HR DEPARTMENT USE ONLY				
DATE POSTED:	EARNED CREDITS	LEAVE STATUS		PROCESSED BY:
		WITH PAY	WITHOUT PAY	
_____				_____
PREVIOUS BALANCE				POSTED BY:
LESS: APPLIED LEAVE				
BALANCE TO DATE				_____