

# Notice of Employee Rights – New York City Earned Safe and Sick Time Act

Project/Show Title: \_\_\_\_\_

Production Company Name (Employer): \_\_\_\_\_

Under New York City's Earned Safe and Sick Time Act (referred to herein as the "Act"), employers must give their employees sick leave and safe time leave (also referred to herein as "Leave"). For the project/show identified above, your employer for purposes of the Act is the production company.

## You have a right to safe and sick time leave under the Act for yourself or a family member.

### Amount of Safe and Sick Time Leave

There are three categories of employers under the Act subject to different Leave amount obligations:

- (i) Category A is employers with less than five employees nationwide and had a net income in the prior tax year of less than \$1 million, and who must provide up to 40 hours of unpaid Leave each calendar year to use in NYC.
- (ii) Category B is either (a) employers with less than five employees nationwide and had a net income of more than \$1 million in the prior tax year or (b) employers with 5 to 99 employees nationwide. Category B employers must provide up to 40 hours of paid Leave each calendar year to use in NYC.
- (iii) Category C is employers with 100 or more employees nationwide, and who must provide up to 56 hours of paid Leave each calendar year in NYC.

### Your Employer's Calendar Year is:

Start of Calendar Year: January 1 End of Calendar Year: December 31

### Rate of Accrual and Maximum Use Per Year

You accrue Leave at the rate of one hour for every 30 hours worked, and can use up to a maximum total of 40 or 56 hours of Leave per calendar year, as applicable above in Categories A, B, or C.

### When Leave Accrues; When It is Available for Use; What is Your Available Balance

You accrue Leave with your employer starting on your first day of employment in NYC and for time worked inside NYC. Accrued Leave is available for use immediately, as soon as it is accrued. The amount of Leave accrued, available, and used during a pay period is printed on your paystub.

- *Union Exception:* A collective bargaining agreement (CBA) can waive the requirement to provide Leave in NYC, so you should first check with your employer or union whether Leave has been waived under your CBA.

### Carryover and End of Employment

Unused safe and sick time leave in one calendar year carries over to the next calendar year, but you cannot use more than 40 or 56 hours in each calendar year, as applicable above in Categories A, B, or C. Unused safe and sick time leave is not paid out upon end of employment.

### Break in Employment Longer Than 6 Months

If you stopped employment with the employer for longer than 6 months, any unused balance of Leave that you may have had will reset to zero. If you are rehired by the employer within 6 months from when you last were employed by the employer, then any unused balance of Leave you may have had will be reinstated and available to you.

### How to Request Leave From the Employer

Unless your employer informs you otherwise, you must provide your department supervisor with at least seven calendar days advance notice of your intention to use Leave. If the need is unforeseeable, you may give notice as soon as practicable.

### Documentation

The employer can require documentation from your health care provider if you use more than three consecutive workdays as sick leave (or from your aid provider in the case of safe leave), but your employer must reimburse you for documentation if your provider charges a fee for documentation. The Act prohibits employers from requiring the provider to specify the medical reason for sick leave or requiring safe leave documentation of details of domestic violence, family offense matter, sexual offense, stalking, or human trafficking. Disclosure may be required by other laws.

## Acceptable Uses for Yourself or for Family Members

Acceptable Reasons to Use Sick Leave	Acceptable Reasons to Use Safe Time Leave
For a mental or physical illness, injury, or health condition; to get a medical diagnosis, care, or treatment of your mental or physical illness, injury, or condition; to get preventive medical care.	To obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program for relief from domestic violence, family offense matters, sexual offenses, stalking, or human trafficking.
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.	To participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of you or your family members from domestic violence, family offense matters, sexual offenses, stalking, or human trafficking.
Your employer's business closes due to a public health emergency, or need to care for a child whose school or child care provider closed due to a public health emergency.	To meet with an attorney or other social service provider to obtain information and advice on, and prepare for or participate in any criminal or civil proceeding, including but not limited to, matters related to domestic violence, family offense matter, sexual offense, stalking, human trafficking, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing or consumer credit.
	To file a complaint or domestic incident report with law enforcement.
	To meet with a district attorney's office.
	To enroll children in a new school.
	To take other actions necessary to maintain, improve, or restore the physical, psychological, or economic health or safety of you or your family member or to protect those who associate or work with you.

### Family Members

You may use safe and sick time leave for yourself and these family members: child (biological, adopted, or foster child; legal ward; child of an employee standing in loco parentis); child or parent of an employee's spouse or domestic partner; grandchild; sibling (including half, adopted, or step sibling); spouse or domestic partner (current or former, regardless of whether residing together); parent; grandparent; any other individual related by blood to the employee; and any other individual whose close association with the employee is the equivalent of a family relationship.

### Confidentiality

The employer will not ask the employee to provide details about the medical condition that led the employee to use sick time, or the personal situation that led the employee to use safe time, and any information the employer receives about the employee's use of safe/sick time will be kept confidential and not disclosed with anyone without the employee's written permission or as required by law.

### No Retaliation

The employer cannot punish or fire employees for requesting or using Leave or for reporting violations. However, misuse or abuse of sick and safe time leave by an employee (i.e., for uses that are not permitted by the law) may subject the employee to discipline.

### You have a right to file a complaint.

You have a right to file a complaint with the New York City Department of Consumer Affairs (DCA) if you believe your Leave rights have been violated. Go online to [www.nyc.gov/workers](http://www.nyc.gov/workers) or contact **311** (or 212.NEW.YORK outside NYC).

### Keep a copy of this notice and all documents that show your safe and sick time leave accrual, balances, and use.

You have a right to be given this notice in English and, if available on the DCA website, your primary language. DCA has template notices available in English, Spanish, Chinese, French-Creole, Italian, Korean, and Russian. For more information, including Frequently Asked Questions, go to [www.nyc.gov/paidsickleave](http://www.nyc.gov/paidsickleave), or call **311** and ask for information about paid safe and sick time leave. The Act sets the minimum requirements for safe and sick time leave, but your employer's leave policy may already meet or exceed the minimum requirements.

## Employee Acknowledgment of Receipt

On the date specified below, I acknowledge receipt of this Notice of Employee Rights – New York City Earned Safe and Sick Time Act form. I told my employer what my primary language is.

### Please check one:

- I have been given this notice in English because it is my primary language.
- My primary language is \_\_\_\_\_. I have been given this pay notice in English only because the DCA does not yet offer a notice form in my primary language.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Date