**NYC PAID EARNED SICK TIME REQUEST**

*(New York City Employees Only)*

**EMPLOYEE SECTION:**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your absence **foreseeable** or **unforeseeable**?

 **Foreseeable** (*e.g. planned doctor’s appointment*)(*request* *must be submitted at least five (5) days in advance of foreseeable absence*)

 **Unforeseeable** (*e.g. unplanned illness or emergency room visit*)(*request must be submitted within seven (7) days of last absence*)

1. **Request to Use Earned Paid Sick Time:**

INSTRUCTIONS:

|  |  |  |
| --- | --- | --- |
|  | Days Absent(*mm/dd/yyyy*) | Blocks Requested\* |
| 1 |  | Half Day Full Day  |
| 2 |  | Half Day Full Day |
| 3 |  | Half Day Full Day |
| 4 |  | Half Day Full Day |
| 5 |  | Half Day Full Day |

Indicate the days you were or plan on being absent. Check “Half Day” or “Full Day” to indicate how much sick time you intend to use.

*Employees are entitled to use earned sick time in blocks consisting of four (4) hours. Checking “Half Day” indicates the use one four-hour block. Checking “Full Day” indicates the use of two four-hour blocks (totaling eight (8) hours.*

1. **SIGNED NOTE**: If you will be absent for **more than three consecutive business days**, you must attach or otherwise provide a note signed by a licensed healthcare professional confirming the need for the amount of sick time requested. **A SIGNED NOTE DOES NOT HAVE TO STATE THE SPECIFIC HEALTH REASON FOR ABSENCE.**
2. *I, the undersigned, certify that the contents of this form are true and accurate. I understand that any misuse of paid sick time, as outlined in Asset’s Policies, Procedures, and Guidelines, may result in disciplinary action, up to and including termination. I understand that, barring exceptional circumstances, I must submit this* ***form no later than seven (7) days following my absence****.*

**EMPLOYEE SIGNATURE** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_