



## **EMPLOYEE VERIFICATION REGARDING AUTHORIZED USE OF SAFE AND SICK LEAVE AND/OR PRENATAL PERSONAL LEAVE**

Under NYS's *Paid Sick and Safe Leave Law* and NYC's *Earned Safe and Sick Time Act*, all full-time and part-time employees of the **Fashion Institute of Technology Student Housing Corporation ("SHC")** are eligible for **40 hours** of paid safe and sick leave ("SSL") during the 12-month period from September 1 - August 30, and an **additional 20 hours** of paid prenatal personal leave ("PPL") during any 52-week calendar period.

SHC's **Paid Sick and Safe Leave Guidelines** provide that if an employee *utilizes more than three consecutive workdays of SSL and/or PPL time*, employees will be required to submit a verification to FIT's Office of Human Resource Management and Labor Relations, certifying that they used SSL and / or PPL for an authorized purpose.

SHC employees are permitted to use SSL and/or PPL to take time off for:

- **Personal Medical Care:** The employee's mental or physical illness, injury or health condition; or need for medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or need for preventative medical care.
- **Personal Prenatal Care:** The employee's prenatal health care services, including physical examinations, medical procedures, monitoring and testing, discussions with a health care provider, and fertility treatment or care, including in vitro fertilization (IVF).
- **Family Medical Care:** Care of the employee's family member who needs medical diagnosis, care or treatment of a mental or physical illness, injury or health condition, or who needs preventative medical care.
- **Safe Time:** When the employee or a family member of the employee has been the victim of domestic violence as defined by the NYS Human Rights Law, a family offense matter, sexual offense, stalking, or human trafficking for the following reasons:
  - To obtain services from a domestic violence shelter, rape crisis center, or other services program;
  - To participate in safety planning, temporarily or permanently relocate, or take other actions to increase the safety of the employee or employee's family members;
  - To meet with an attorney or other social service provider to obtain information and advice to obtain information and advice related to a criminal or civil case, including custody, visitation, child support, divorce, orders of protection, immigration, housing, or discrimination;
  - To file a complaint or domestic incident report with law enforcement, or meet with a district attorney's office;
  - To attend civil or criminal court dates related to any act or threat of domestic violence, unwanted sexual contact, stalking, or human trafficking;
  - To enroll children in a new school; or
  - To take other actions necessary to maintain, improve, or restore the physical,



***FIT STUDENT HOUSING CORPORATION***

psychological, or economic health or safety of the employee or the employee's family member or to protect those who associate or work with the employee.

- **Declared Public Health Emergency:** Declaration by a public official of a public health emergency requiring the closure of FIT, or the employee's need to care for a child whose school or childcare provider has been closed due to a declared public health emergency.

**EMPLOYEE VERIFICATION:**

I \_\_\_\_\_ (print or type name), attest that I used SSL and/or PPL for at least one of the authorized reasons listed above on the following dates:

Month	Date	Calendar Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Employee Title: \_\_\_\_\_

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

Employee ID: @ \_\_\_\_\_