

## New York City Paid Safe and Sick Leave - Accrual

We provide employees who are employed for hire within the City of New York with paid safe/sick time in accordance with the requirements of New York Labor Law § 196-b (the New York Paid Sick Leave Law (“NYPSL”)) and the New York City Earned Safe and Sick Time Act (“ESSTA”).

**[For employers with 4 or fewer employees and net income of greater than \$1 million or 5 to 99 employees]** Sick leave benefits will accrue at a rate of one hour for every 30 hours worked, up to a maximum accrual of 40 hours during each 12 month period. **[For employers with 100 or more employees]** Sick time will accrue at a rate of one hour for every 30 hours worked, up to a maximum accrual of 56 hours during each 12 month period. The Company defines a 12-month period for purposes of this policy only as running from *[January 1 to December 31; July 1 to June 30, other]*.

### Eligibility

Eligible employees may begin to use paid sick leave as it is accrued, up to a maximum of 40/56 hours per calendar year. You may carry over any accrued, unused sick leave to the next calendar year. However, you may not use more than 40/56 hours of sick time in a calendar year. You must use paid sick leave in an initial daily increment of four hours and then in half-hour increments thereafter.

Paid sick leave may be used for an absence from work due to: your mental or physical illness, injury, or health condition; your own need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or condition; your own need to get preventive medical care; your own elective surgery, including organ donations; 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; care of a family member who has elective surgery, including organ donations; a closure of the Company due to a public health emergency as declared by the Mayor of New York City or the Commissioner of the New York City Department of Health and Mental Hygiene; or the need to care for a child whose school or child care provider closed due to a public health emergency.

Paid sick leave may also be used for “safe time” for absence from work due to any of the following reasons when the employee or a family member has been the victim of domestic violence, a family offense matter, sexual offense, stalking or human trafficking:

- (a) to obtain services from a domestic violence shelter, rape crisis center, or other shelter or services program for relief from a family offense matter, sexual offense, stalking, or human trafficking;
- (b) 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 from future family offense matters, sexual offenses, stalking, or human trafficking;
- (c) to meet with a civil 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 a family offense matter, sexual offense, stalking, human trafficking, custody, visitation, matrimonial issues, orders of protection, immigration, housing, discrimination in employment, housing or consumer credit;
- (d) to file a complaint or domestic incident report with law enforcement;
- (e) to meet with a district attorney’s office;
- (f) to enroll children in a new school; or
- (g) to take other actions necessary to maintain, improve, or restore the physical, 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.

For purposes of this section, “family members” are defined as your child (regardless of age); grandchild; spouse; domestic partner; parent; grandparent; child or parent of an employee’s spouse or domestic partner; or sibling (including a half, adopted, or step sibling); any other individuals related by blood to the employee; and any other individual whose close association with the employee is the equivalent of a family relationship.

## Notice & Documentation

Where the need for leave under ESSTA is foreseeable, the Company requests you provide reasonable advance notice of your intention to take paid sick leave to the extent possible. Foreseeable under ESSTA means when the employee is aware of their need to use safe/sick time at least seven (7) days prior to their use of ESSTA leave. If the need is unforeseeable, meaning the employee is not aware of their need to use safe/sick time at least seven (7) days prior to their use of ESSTA leave, the Company requires that the employee give notice as soon as is practicable.

To provide notice of the need to use safe/sick leave, employees should: call a designated phone number at which an employee can leave a message; follow a uniform call-in procedure; send an email to a designated email address; submit a leave request in a scheduling software system, provided the employee has access to such system on non-work time, and has been trained on and given written instructions on how to use the system; or other reasonable/accessible means of notification

You may be required to complete a verification form confirming that you used your sick leave solely for authorized purposes, if the use of ESSTA leave is longer than three consecutive workdays. The Company may require you to provide documentation from a licensed health care provider after you use more than three consecutive workdays as paid sick leave, to the extent permissible by law. The Company will not ask employees to provide details about the medical condition that led the employee to use sick time, or the personal situation that led to the employee to use safe time; any information that the employer may receive regarding the employee's use of safe/sick time will be kept confidential and will not disclose to anyone without the employee's written permission or as required by law. Requests for documentation will be limited to the following:

- (1) an attestation from a licensed medical provider supporting the existence of a need for sick leave, the amount of leave needed, and a date the employee may return to work, or
- (2) an attestation from an employee of their eligibility for leave.

The medical documentation should not disclose the nature of your illness, injury or health condition. If requested, such documentation must be provided within seven days of returning to work. The Company will reimburse an employee for all reasonable costs of expenses incurred in obtaining any requested documentation. Failure to provide a required verification or medical certification may result in denial of payment of sick leave.

## Use of ESSTA and Other Eligible Leave/PTO

Paid sick time may not be used as additional vacation days. Additionally, paid sick time may not be used to extend employment or to delay a termination date. Any employee found to be using sick time for purposes other than those described in this policy or as permitted by law, will be subject to disciplinary action up to and including termination.

In many instances, the Company's Sick/PTO policy may be more generous than what is required under applicable law, and therefore fulfill the requirements of this policy. Leave under this policy may run concurrently with leave taken under local, state or federal law to the extent permitted by law. Unused, accrued sick leave will not be paid upon termination, except as required under applicable law. If an employee is rehired by the Company within six months of separation from employment, previously accrued but unused sick time will be immediately reinstated.

When an employee takes leave under ESSTA, the employee is entitled to their regular rate of pay for safe/sick leave; the regular rate of pay is the employee's regular rate of pay at the time the employee's leave is taken.

The Company encourages employees to take time off under this policy and prohibits interference with any rights under this policy or retaliation against an employee for taking time off under this policy. For more information regarding this policy or to report any concerns or issues regarding this policy, employees should contact **our HR Contact or Prestige**.

## Employee Attestation

I, \_\_\_\_\_, acknowledge that I have received a copy of [Company Name]'s New York City Paid Safe and Sick Leave – Accrual Policy (the "Policy"). I attest that I have read and understand the Policy and agree to abide by the terms of the Policy.

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

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Date