Employee Notification of Frontloaded Paid Sick Leave

Effective January 1, 2018 **[or for employees hired after January 1, 2018, insert date of start of employment here]**, you are entitled to accrue paid sick leave.

This will accrue at one (1) hour of paid sick leave for every 40 hours you work.

You may use this accrued paid sick leave 90 calendar days after the start of employment for the following reasons:

* To care for yourself or a family member;
* When you or a family member is the victim of sexual assault, domestic violence, or stalking;
* In the event our business or your child’s school or place of care is closed by order of a public official for any health-related reason.

On **[insert date]**, you will be provided with **[insert number]** hours of paid sick leave.

|  |
| --- |
|   |
| Period of Time |

This amount is intended to cover your anticipated accrual of paid sick leave for

This amount is based on your current work schedule of  hours per week.

\_\_\_\_ Hours per week x \_\_\_\_ Weeks ÷ 40 = \_\_\_\_\_ Number of frontloaded paid sick leave hours provided

If your frontloaded paid sick leave is determined to be less than the amount that you were entitled to accrue, **[company name]** will make any additional amounts of paid sick leave available for your use as soon as practicable, but no later than 30 days after the discrepancy is identified.

**[Company name]** will provide you a written or electronic notification no later than **[the date of the end of the period for which the paid sick leave is frontloaded]**, confirming that the amount of paid sick leave frontloaded to you was at least equal to the amount you were entitled to accrue.

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| --- | --- | --- | --- | --- |
|  | paid sick leave year is |  | to |  |
| Company Name |  |  |  |  |

|  |
| --- |
| Accrued, unused paid sick leave balances of 40 hours or less will be carried over to the following year.  |
| Accrued, unused paid sick leave over 40 hours will be  |   |
|  | Employer may cash out, require the employee to forfeit the paid sick leave, or offer a more generous carryover |

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| --- | --- | --- | --- | --- |
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| Print Employee’s Name |  | Employee’s Signature |  | Date |