



**Community
Care** *There is no place like YOUR home...*

New York City Sick Pay Request Form

Any employee that works in New York City accrues 1 hours of sick pay for every 30 hours of work up to a maximum of 40 hours a year. You can begin using your sick time after 120 days after your begin employment.

Please fill out and submit to the payroll department to ensure payment of your sick time, all request must be submitted no later than Monday to be processed in time with the weekly payroll.

I am requesting paid sick as follows:

Sick Leave: Please select one of the following:

(Please attached doctors note with request)

Doctor Appointment

Illness

Injury

Total Days: _____ Total Hours: _____

Date(s): _____ Weekending: _____

Employee Name: _____

Employee Signature: _____

(Official Use Only)

Sick Hours Available: _____ Sick Hours Approved: _____

Approved By: _____

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Awarded the Gold Seal of Approval by the Joint Commission – Home Care