

NEW JERSEY EARNED SICK TIME POLICY

SICK LEAVE IN GENERAL: Temporary workers placed on assignment by Northpointe Staffing Professionals (“Northpointe”) are employees of Northpointe. Whenever a temporary employee must miss work for any reason, he or she must notify his or her Northpointe representative at his or her earliest convenience, **regardless of whether or not he or she intends to use earned paid sick time.** Employees can notify their Northpointe representative of pending absences by phone at (201) 418-9500 during normal business hours.

NOTICE OF RIGHTS: Pursuant to, New Jersey’s Paid Sick Leave Law, Northpointe provides each of its employees (“employees”) with (i) a copy of each city’s Notice of Employee Rights, and (ii) a written copy of Northpointe’s Earned Sick Time Policy. Upon receipt, employees are asked to carefully review these documents, sign the attached **confirmation of receipt**, and return the confirmation to their Northpointe representative.

USE OF EARNED PAID SICK TIME: Employees may begin to use earned paid sick time one-hundred twenty (120) days after the first day of their first assignment. No more than forty (40) hours of earned paid sick time may be used by an employee in a given calendar year (beginning January 1st and ending December 31st).

ACCRUAL: Employees begin to accrue paid sick time on the first day of their first assignment. Employees earn one (1) hour of paid sick time for every thirty (30) hours of work completed. Northpointe determines how many hours an employee has worked by referring to submitted employee timesheets. Only hours accounted for by a timesheet signed by an employee’s on-location supervisor and properly received by Northpointe are factored into an accrual determination.

NOTICE OF ABSENCE: An employee **must** notify Northpointe if he or she intends to miss work for health-related, school-related meetings or domestic violence related reasons by submitting a “New Jersey Paid Earned Sick Time Request” form, available on Northpointe’s corporate website.

NEWARK EMPLOYEES ONLY: NOTICE INSTRUCTIONS:

1. If the need to use paid sick time is **FORESEEABLE** (for example, the employee must miss work due to a scheduled doctor’s appointment), the employee must submit a completed “New Jersey Paid Earned Sick Time Request” form to his or her Northpointe representative **AT LEAST SEVEN (7) DAYS IN ADVANCE OF THE PLANNED ABSENCE**. Northpointe may deny the use of paid sick time to employees who do not notify their Northpointe representative **at least seven (7) days in advance** of a foreseeable absence.
2. If the need to use paid sick time is **UNFORESEEABLE** (for example, the employee suffers from a sudden illness) the employee must submit a “New Jersey Paid Earned Sick Time Request” form to his or her Northpointe representative **NO MORE THAN SEVEN (7) DAYS AFTER THEIR LAST ABSENCE**. Northpointe may deny the use of paid sick time to employees who do not submit a completed “New Jersey Paid Earned Sick Time Request” form to their Northpointe representative within seven (7) days of the last day of an unforeseeable absence.

NOTICE INSTRUCTIONS: Employees must notify their Northpointe representative of the intention to use earned paid sick time **NO MORE THAN SEVEN (7) DAYS AFTER THEIR LAST ABSENCE**. In order to greatly expedite processing of earned sick time requests, employees are **STRONGLY ENCOURAGED** to submit a completed “New Jersey Paid Earned Sick Time Request” form at their earliest convenience.

NOTES FROM HEALTH CARE PROVIDERS: If an employee must miss more than three (3) consecutive workdays (for instance, Wednesday, Thursday, Friday and Monday, **THE EMPLOYEE MUST PROVIDE NORTHPOINTE WITH A NOTE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL INDICATING THE AMOUNT OF SICK TIME NEEDED**. Signed notes should indicate the length of time needed away from work, but not the employee’s specific illness or the health needs resulting in absence.

Earned paid sick time may be used only when:

- i. the employee has a mental or physical illness, injury, or health condition; needs to get medical diagnosis, care, or treatment of a mental or physical illness, injury, or condition; or needs to get preventive medical care.
- ii. the employee must 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. (Family members include the employee’s children, grandchildren, parents, grandparents, siblings, and spouse or domestic partner.)
- iii. the employer’s business closes due to a public health emergency or the employee needs to care for a child whose school or child care provider closed due to a public health emergency.
- iv. the employee needs to attend a school-related meeting, conference or event regarding your child’s education or health.
- v. the employee or a family member have been the victim of domestic violence or sexual violence and need time for treatment, counseling, or to prepare for legal proceedings.

TO THE EXTENT PERMITTED BY LAW, NORTHPOINTE MAY DISCIPLINE EMPLOYEES WHO MISUSE OR ATTEMPT TO MISUSE ACCRUED PAID SICK TIME, UP TO AND INCLUDING TERMINATION.

DISOLUTION AND CARRYOVER OF UNUSED SICK TIME: **When an employee’s employment ends, any unused accrued paid sick time is dissolved. Employees may not use more than forty (40) hours of earned sick time per year.** Up to forty (40) hours of earned paid sick time automatically carries over at the end of every calendar year to the next calendar year (beginning on January 1 and ending on December 31.) Carryover sick time can be used immediately (subject to other limitations contained in this policy.) If the employee is rehired by Northpointe within six months of the end of his or her last assignment, any previously earned paid sick time is reinstated and can be used immediately.

DENIAL OF USE OF PAID SICK TIME: Northpointe may deny a request to use accrued paid sick time for failure to comply with any part of this policy, including the procedures for providing NOTICE OF ABSENCE. Employees should carefully review this policy before requesting sick time pay. Employees should contact their Northpointe representative with any further questions about Northpointe’s earned sick time policy.

CONFIDENTIALITY: All employee information and related documentation collected in the course of compliance with relevant earned sick time law and this policy will be maintained by Northpointe in strict confidence. Such employee information will not be released to any party, except as needed to complete an earned sick time request, without the express consent of the employee or as required by law.

NEW JERSEY PAID EARNED SICK TIME REQUEST FORM

EMPLOYEE SECTION:

Employee Name: _____

Assignment Location: _____

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

Foreseeable (e.g. planned doctor's appointments) (must submit request at least seven (7) days in advance of foreseeable absence)

Unforeseeable (e.g. unplanned illness or emergency room visit) (request must be submitted no later than seven (7) days after last day of absence)

2. Request to Use Earned Paid Sick Time:

INSTRUCTIONS: Indicate the days you were or will be absent. Employees only need to indicate days absent. Earned hours will automatically be used, up to the number of hours in the employee's standard workday.

3. SIGNED NOTE: If you will be absent for more than three (3) consecutive business days, you must attach or otherwise provide a note signed by a licensed healthcare professional confirming the amount of sick time needed. **A SIGNED NOTE DOES NOT HAVE TO INDICATE THE SPECIFIC HEALTH REASON FOR ABSENCE.**

4. 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 Northpointe'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.

	Days Absent (mm/dd/yyyy)	Hours Requested
1		
2		
3		
4		
5		

CONFIRMATION OF RECEIPT OF:

- (1) NOTICE OF EMPLOYEE RIGHTS RELATING TO EARNED SICK TIME
- (2) NORTHPOINTE STAFFING PROFESSIONALS EARNED SICK TIME POLICY

I, the undersigned, hereby certify that I have received and reviewed a copy of Jersey City, New Jersey's and Newark, New Jersey's Notice of Employee Rights relating to earned sick time and a copy of Northpointe Personnel's Earned Sick Time Policy. I agree to abide by Northpointe Personnel's Earned Sick Time Policy as well as all city and state laws relating to earned sick time.

Name (Print): _____ Date _____

Signature: _____