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ACKNOWLEDGMENT OF RECEIPT FORM - NY

(NY Paid Safe and Sick Leave Law Information and
ASA Safe and Sick Leave Policy)

CURRENT EMPLOYMENT INFORMATION	
NAME: _____	EMPLOYEE ID# _____
<i>Last, First</i>	
LOCATION: _____	DEPARTMENT: _____
TITLE: _____	REPORTS TO: _____
<input type="checkbox"/> FT <input type="checkbox"/> FTE <input type="checkbox"/> PT <input type="checkbox"/> FT INSTRUCTOR <input type="checkbox"/> FT-N <input type="checkbox"/> ADJUNCT <input type="checkbox"/> ADJUNCT-FTE	

I, _____ (*Last Name, First Name*),

acknowledge that I have received, read and understood ASA College Safe and Sick Leave Policy.

I further acknowledge that I have received the "Notice of Employee Rights" pursuant to New York City's Paid Safe and Sick Leave Law.

Employee Signature

Date Signed

DOWNTOWN BROOKLYN
81 Willoughby Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN
1293 Broadway/One Herald Center
New York, NY 10001
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