



Acknowledgment of Receipt Form

I, _____, acknowledge that I have received, read and understood "ASA College NY PAID SAFE and SICK Leave Policy" effective January 1, 2021.

I further acknowledge that I have received the "Notice of Employee Rights: SAFE and SICK Leave" pursuant to New York City's Earned Safe and Sick Time Act (Paid Safe and Sick Leave Law)

Name: _____

Employee ID: _____

Date: _____

Signature: _____

DOWNTOWN BROOKLYN

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

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740