

Temporary Laborer Assignment Notification

under N.J.S.A. 34:8D-3

The Temporary Help Service Firm must give this completed form to each Temporary Laborer upon assignment to a temporary position. Do not return this form to the NJ Department of Labor.

Full Name of Temporary Laborer	
Temporary Help Service Firm	
Name	Worksite Employer or Third-Party Client
Name	Name
Street Address	Street Address
City State ZIP Code	City State ZIP Code
Phone Ext.	Phone Ext.
Workers' Compensation Carrier of Temporary Help Service Firm	
Assigned Worksite (if different from above)	
Name	Name
Street Address	Street Address
City State ZIP Code	City State ZIP Code
Phone Ext.	Phone Ext.
Name of the work to be performed by the Temporary Laborer	Wages offered to the Temporary Laborer
Nature of the work to be performed by the Temporary Laborer	Description of the position offered to the Temporary Laborer
Schedule of the Temporary Laborer's assignment	Length of the Temporary Laborer's assignment , if known

<p>Meal(s) <input type="checkbox"/> Will <input type="checkbox"/> Will not be provided to the Temporary Laborer by the Temporary Help Service Firm or the Third-Party Client.</p> <p><i>If provided, it will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p>	<p>Other supplies <input type="checkbox"/> Are <input type="checkbox"/> Are Not required <i>If required, supplies will be provided by the</i> <input type="checkbox"/> Temporary Help Service Firm <input type="checkbox"/> Third-Party Client <input type="checkbox"/> Temporary Laborer</p> <p><i>If provided, they will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p> <p>Describe the other required supplies.</p>
<p>Equipment <input type="checkbox"/> Will <input type="checkbox"/> Will not be provided to the Temporary Laborer by the Temporary Help Service Firm or the Third-Party Client.</p> <p><i>If provided, it will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p> <p>Describe the required equipment.</p>	<p>Training <input type="checkbox"/> Is <input type="checkbox"/> Is Not required <i>If required, it will be provided by the</i> <input type="checkbox"/> Temporary Help Service Firm <input type="checkbox"/> Third-Party Client</p> <p><i>If provided, it will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p> <p>Describe the required training.</p>
<p>Special clothing <input type="checkbox"/> Is <input type="checkbox"/> Is Not required <i>If required, it will be provided by the</i> <input type="checkbox"/> Temporary Help Service Firm <input type="checkbox"/> Third-Party Client <input type="checkbox"/> Temporary Laborer</p> <p><i>If provided, it will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p> <p>Describe the required special clothing.</p>	<p>License(s) (for example, driver, occupational) <input type="checkbox"/> Are <input type="checkbox"/> Are Not required Describe the required license(s).</p>
<p>Protective equipment <input type="checkbox"/> Is <input type="checkbox"/> Is Not required <i>If required, it will be provided by the</i> <input type="checkbox"/> Temporary Help Service Firm <input type="checkbox"/> Third-Party Client <input type="checkbox"/> Temporary Laborer</p> <p><i>If provided, it will be</i> <input type="checkbox"/> at no cost to the Temporary Laborer <input type="checkbox"/> at cost to the Temporary Laborer of \$ _____</p> <p>Describe the required protective equipment.</p>	<p>Transportation — What are the terms of transportation offered to the Temporary Worker (if applicable)?</p>

Earned Sick Leave is the law in New Jersey

As an employee of this Temporary Help Service Firm, you have the right to Earned Sick Leave, which you can use to care for yourself or a loved one, including for physical/mental illness or wellness care, to cope with domestic or sexual violence, or attend a required or requested meeting or event at your child’s school. Learn more at mysickdays.nj.gov.

The Temporary Help Service Firm, not the Third-Party Client, pays you earned sick leave at your normal rate of pay. The Temporary Help Service Firm must attach a copy of the New Jersey Earned Sick Leave Notice of Employee Rights to this form. You can also find it online at nj.gov/labor/EarnedSick. For more information on New Jersey’s worker benefits and protections, see myworkrights.nj.gov.

New Jersey Earned Sick Leave

Notice of Employee Rights

Under New Jersey's Earned Sick Leave Law, most employees have a right to accrue up to 40 hours of earned sick leave per year. Go to nj.gov/labor to learn which employees are covered by the law.

New employees must receive this written notice from their employer when they begin employment, and existing employees must receive it by November 29, 2018. Employers must also post this notice in a conspicuous and accessible place at all work sites, and provide copies to employees upon request.

YOU HAVE A RIGHT TO EARNED SICK LEAVE.

Amount of Earned Sick Leave

Your employer must provide up to a total of 40 hours of earned sick leave every benefit year. Your employer's benefit year is:

Start of Benefit Year: _____ End of Benefit Year: _____

Rate of Accrual

You accrue earned sick leave at the rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours of leave per benefit year. Alternatively, your employer can provide you with 40 hours of earned sick leave up front.

Date Accrual Begins

You begin to accrue earned sick leave on October 29, 2018, or on your first day of employment, whichever is later.

Exception: If you are covered by a collective bargaining agreement that was in effect on October 29, 2018, you begin to accrue earned sick leave under this law beginning on the date that the agreement expires.

Date Earned Sick Leave is Available for Use

You can begin using earned sick leave accrued under this law on February 26, 2019, or the 120th calendar day after you begin employment, whichever is later. However, your employer can provide benefits that are more generous than those required under the law, and can permit you to use sick leave at an earlier date.

Acceptable Reasons to Use Earned Sick Leave

You can use earned sick leave to take time off from work when:

- You need diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or you need preventive medical care.
- You need to care for a **family member** during diagnosis, care, treatment, or recovery for a mental or physical illness, injury, or health condition; or your family member needs preventive medical care.
- You 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.
- You need to attend **school-related conferences, meetings, or events** regarding your child's education; or to attend a school-related meeting regarding your child's health.
- Your employer's business **closes due to a public health emergency** or you need to care for a child whose school or child care provider closed due to a public health emergency.

Family Members

The law recognizes the following individuals as "family members:"

- Child (biological, adopted, or foster child; stepchild; legal ward; child of a domestic partner or civil union partner)
- Grandchild • Sibling • Spouse • Parent • Grandparent
- Domestic partner or civil union partner
- Spouse, domestic partner, or civil union partner of an employee's parent or grandparent
- Sibling of an employee's spouse, domestic partner, or civil union partner
- Any other individual related by blood to the employee
- Any individual whose close association with the employee is the equivalent of family

Advance Notice

If your need for earned sick leave is foreseeable (can be planned in advance), your employer can require up to 7 days' advance notice of your intention to use earned sick leave. If your need for earned sick leave is unforeseeable (cannot be planned in advance), your employer may require you to give notice as soon as it is practical.

Documentation

Your employer can require reasonable documentation if you use earned sick leave on 3 or more consecutive work days, or on certain dates specified by the employer. The law prohibits employers from requiring your health care provider to specify the medical reason for your leave.

Unused Sick Leave

Up to 40 hours of unused earned sick leave can be carried over into the next benefit year. However, your employer is only required to let you use up to 40 hours of leave per benefit year. Alternatively, your employer can offer to purchase your unused earned sick leave at the end of the benefit year.

You Have a Right to be Free from Retaliation for Using Earned Sick Leave

Your employer cannot retaliate against you for:

- Requesting and using earned sick leave
- Filing a complaint for alleged violations of the law
- Communicating with any person, including co-workers, about any violation of the law
- Participating in an investigation regarding an alleged violation of the law, and
- Informing another person of that person's potential rights under the law.

Retaliation includes any threat, discipline, discharge, demotion, suspension, or reduction in hours, or any other adverse employment action against you for exercising or attempting to exercise any right guaranteed under the law.

You Have a Right to File a Complaint

You can file a complaint with the New Jersey Department of Labor and Workforce Development online at nj.gov/labor/wagehour/complnt/filing_wage_claim.html or by calling 609-292-2305 between 8:30 a.m. and 4:30 p.m., Monday through Friday.

Keep a copy of this notice and all documents that show your amount of sick leave accrual and usage.

You have a right to be given this notice in English and, if available, your primary language.

For more information visit the website of the Department of Labor and Workforce Development: nj.gov/labor.



Enforced by: NJ Department of Labor and Workforce Development
Division of Wage and Hour Compliance, PO Box 389, Trenton, NJ 08625-0389 • 609-292-2305

This and other required employer posters are available free online at nj.gov/labor.
If you need this document in Braille or large print, call 609-292-2305. TTY users can contact this department through the New Jersey Relay: 7-1-1.