



ALLEGHENY COUNTY

Paid Sick Days Act - Complaint Form

Your Contact Information

First Name

Middle Initial

Last Name

Primary Phone Number

Secondary Phone Number

Street Address

City

State

Zip Code

Correspondence regarding this form will be sent to you at the email address provided. If you do not have an address, you may be contacted via mail or telephone.

Email Address

Employer Information

Name of Employer as Listed on Your Pay Stub

Street Address

City

State

Zip Code

Number of Employees over past 12 months *(please check one box)*

Fewer than 26

More than 26

Employer Information

Please provide contact information for at least one of the following

Supervisor/Manager Name

Phone Number

Email Address

HR Representative Name

Phone Number

Email Address

What is your job title/function?

When did you start working for this employer?

Are you still employed by this company/person? *(please check one box)*

Yes No

Paid Sick Leave Questionnaire

Please check YES or NO

	YES	NO
Are you an independent contractor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Seasonal worker? (e.g. hired for less than 16 weeks in a calendar year)	<input type="checkbox"/>	<input type="checkbox"/>
Are you an unpaid student intern? (e.g. credit hours only)	<input type="checkbox"/>	<input type="checkbox"/>
Are you a State or Federal employee?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked at least 35 hours within Allegheny County this year?	<input type="checkbox"/>	<input type="checkbox"/>

Complaint Information

Do you think that the employer has violated the Paid Sick Days Act? YES NO

On what date do you believe that the employer first violated the law?

Have you tried to resolve your complaint with the employer? YES NO

Number of Employees over past 12 months *(please check one box)*

Not allowing the use of sick time Not allowing the accrual of 1 hour of sick time for every 35 hours worked in Allegheny County

In your own words, please describe what happened. Please include all dates of alleged violations.

Please provide us with any additional information that would be helpful in resolving this issue.

Please attach copies of documents you feel would be useful with this complaint (e.g. Pay Stub, Employment, Contract, Bargaining Agreement, Sick Leave Policy, Request for Leave)

Do not attach any medical records to this form

Acknowledgement

Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.

Signature

Today's Date

Parent or Guardian Signature if under 18 years old

Today's Date

For questions, please call 412-350-1418

*Completed forms may be submitted to paysickleave@alleghenycounty.us or
Department of Administrative Services
Attn: Agency
436 Grant St.
202 Courthouse
Pittsburgh, PA 15219*