



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Susan B. Portuese, Director, Health Officer

Township of Montclair • 205 Claremont Avenue • Montclair, NJ 07042 • tel: 973.509.4970 • sportuese@montclairnjusa.org

Paid Sick Leave Ordinance Intake Questionnaire

Thank you for contacting the (Municipal department charged with enforcement) in regards to the Paid Sick Leave Ordinance (also known as Earned Sick Days). This form provides us with information we can use to help us serve you. Once we receive your completed questionnaire, we will review it and then contact you for more information, please leave the best contact information. Your identity will remain confidential and will not be shared with your employer unless necessary to resolve the investigation and with your permission.

To avoid delays in processing, please submit only one questionnaire to (enforcement department information) (either by mail, online, fax, or in person) regarding the same matter.

Today's Date _____ Incident Date _____

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip Code _____ County _____

Which phone numbers should we use to contact you? (Please check your preferred number.)

Home _____ Work _____ Cell _____

Email address _____

Who can we contact if we are unable to reach you? _____

Daytime phone _____ Relationship to you _____

Do you need language interpretation? _____ If yes, what kind? _____

I believe my employer has violated the (municipality) Paid Sick Leave Ordinance by (circle applicable):

- not allowing me to accrue paid sick leave.
- not allowing me to use paid sick leave.
- not allowing me to carryover unused sick leave.
- not notifying me that I am entitled to paid sick leave.
- Retaliating against me for using my paid sick leave.

Other: _____



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Employer Information

Do you work for a private employer in Montclair, New Jersey? Yes No Unsure

Business Name _____

Name of Supervisor(s) or Manager(s) _____

Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number _____

Briefly describe what happened:

You are protected from retaliation under the Paid Sick Leave Ordinance.

Please mail this document to the attention of:

Sue Portuese
Director, Department of Health and Human Services
205 Claremont Avenue
Montclair, NJ 07042