



Eric E. Jackson
Mayor

CITY OF TRENTON
DEPARTMENT OF HEALTH & HUMAN SERVICES

James A. Brownlee, MPH
Director/Health Officer

Paid Sick Leave Ordinance Intake Questionnaire

Thank you for contacting the City of Trenton, New Jersey-Division of Health, Department of Health and Human Services 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 regarding the same matter to **Gwendolyn Carter**, at **218 N. Broad Street, Trenton, NJ 08618**, email: **sickleave@trentonnj.org**, web site: **www.trentonnj.org**, phone number: **609-989-3242 ext. 120**, fax: **609-989-3242**.

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 City of Trenton, NJ Paid Sick Leave Ordinance by:

- 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: _____

Employer Information

Do you work for a private employer in Trenton, New Jersey? (please circle one) 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 submit this document online or mail to the attention of Gwendolyn Carter MSN RN

**City of Trenton – Division of Health
Department of Health and Human Services
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