

COOK COUNTY COMMISSION ON HUMAN RIGHTS

69 W. WASHINGTON ST., SUITE 3040
CHICAGO, ILLINOIS 60602-3007
PHONE 312.603.1100 • FAX 312.603.9988
human.rights@cookcountyil.gov

EARNED SICK LEAVE COMPLAINT INTAKE SHEET

EMPLOYEE (Complainant) Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EMPLOYER (Respondent) Contact Information

Provide the following information about the employer you believe violated the Cook County Earned Sick Leave Ordinance:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If relevant, identify the individual(s) or department you believe is responsible for the Ordinance violation alleged:

Name: _____ Title/Department: _____

ALLEGATIONS SHOWING JURISDICTION

Provide the following information to show that you and your employer are covered by the Ordinance and that you have brought your complaint in a timely fashion.

A. Date of Alleged Violation:

1. Date of alleged Ordinance violation: _____

2. If continuing violation, list latest date occurred: _____

3. If more than three years have passed since the date provided above, provide:
 - a. Date when you first discovered violation: _____ and
 - b. Brief explanation of reason you did not discover until after three years had passed: _____

B. Covered Employee:

1. On or about [DATE]* _____, I performed a minimum of two hours of work for [EMPLOYER] _____ while physically present in a location that is within the geographic boundaries of Cook County.

(Please provide first such date this occurred.)*

Here is a brief description of that work and the specific location where it was performed: _____

If you have performed two or more such hours of work for EMPLOYER in more than one municipality in Cook County, please list those other municipalities here:

(Note: if your job involves working in a large number of locations throughout Cook County, you are not required to list all such municipalities.)

2. I have worked for my EMPLOYER for more than 80 hours (in any location) during any 120-day period of my employment. The 120-day period during which I worked at least 80 hours began on [DATE] _____ and ended on [DATE] _____

OR

- I have worked for my EMPLOYER for less than 80 hours (in any location).
3. Check any that apply and be sure to discuss with Commission Staff or your attorney before filing:
 - I am in a Union. Name of Union and Local: _____
 - I am an employee working for a railroad or other federally-regulated employer.

I am an independent contractor and not an employee of the Respondent.

C. Covered Employer:

My EMPLOYER has a Place of Business that is located within the geographic boundaries of Cook County.

Here is the street address of that Place of Business and a brief description of the type of location (e.g., store, warehouse): _____

(Note: if your Employer has more than one Place of Business that is located within the geographic boundaries of Cook County, please describe the location where you work for Employer or that is otherwise most relevant to the alleged violation.)

My EMPLOYER's Place of Business is a residence. I work in or around that residence.

SPECIFIC ALLEGATIONS OF VIOLATION(S)

A. Background Information:

1. I started working for my EMPLOYER on or about the following date: _____

2. I am still working for my EMPLOYER

OR

I am no longer working for EMPLOYER and my last day of employment was:

3. My current (or most recent) job title or position is: _____

4. Here is a brief description of the kind of work I perform (or did perform) for my EMPLOYER:

5. The location where I perform (or did perform) the majority of my work for EMPLOYER, if any, is:

6. If the above location is not in Cook County, here is a brief description of the work I perform (or did perform) for my EMPLOYER within Cook County:

7. To the extent that you know, check any that apply:

My EMPLOYER is covered by the federal Family and Medical Leave Act (“FMLA”).

I am (or was) eligible for FMLA leave for some or all of the period covered by my allegations.

My EMPLOYER has established a “Use Waiting Period” that requires employees to wait for a specific number of days before using accrued Earned Sick Leave. This Use Waiting Period is _____ days.

My EMPLOYER has established a “minimum increment of use” policy for Earned Sick Leave (e.g., employees cannot use less than one hour of Earned Sick Leave at a time). My employer’s minimum increment of use is _____ hours.

My EMPLOYER uses the accrual method for providing Earned Sick Leave (e.g., employees accrue Earned Sick Leave on the basis of how many hours they work). The rate of accrual used by my EMPLOYER is _____ hour(s) of Earned Sick Leave for every _____ hours of work in Cook County.

My Employer front-loads the Earned Sick Leave awarded to employees (i.e. provides the hours for the year in a lump sum at the start of each Accrual Period). My EMPLOYER front-loads _____ hours of Earned Sick Leave each year.

Each employee of my EMPLOYER is on his or her own 12-month Accrual Period for the purpose of earning and using Earned Sick Leave. My EMPLOYER bases each of these individualized Accrual Periods on (e.g., each employee’s work anniversary, each employee’s birthday, etc.) _____

Each employee of my EMPLOYER is on the same 12-month Accrual Period for

the purpose of earning and using Earned Sick Leave. My EMPLOYER bases this standardized Accrual Period on (*e.g.*, the company’s fiscal year, the calendar years, *etc.*) _____

- Instead of granting “Earned Sick Leave” to use for the purposes set forth in the Ordinance, my EMPLOYER provides “Paid Time Off” or some other equivalent type of paid leave that may be used for a wider variety of purposes (*e.g.*, paid vacation as well as paid sick days).
- 8. I have communicated with my EMPLOYER regarding the Ordinance violations alleged here.

OR

- I have not communicated with my EMPLOYER regarding the Ordinance violations alleged here.
- 9. Check any that apply and begin gathering documents to share with the Commission that relate to your allegations.
 - My EMPLOYER has provided me with documentation of my hours worked, the location of that work, my rate of pay and/or the amount of Earned Sick Leave I have accrued, carried over and used (*e.g.*, paychecks, paystubs, W-2 or 1099 tax forms, work schedules, *etc.*), and I have retained some or all of that documentation.
 - My EMPLOYER has provided me with documentation of my hours worked, the location of that work, my rate of pay and/or the amount of Earned Sick Leave I have accrued, carried over, and used, and I have not retained any of that documentation.
 - My EMPLOYER has not provided me with any documentation of my hours worked, the location of that work, my rate of pay and/or the amount of Earned Sick Leave I have accrued, carried over, and used.
 - I have documentation that was NOT provided to me by my EMPLOYER that reflects my hours worked, the location of that work, my rate of pay and/or the amount of Earned Sick Leave I have accrued, carried over, and used (*e.g.*, personal calendar or datebook, a work diary, a log or notes created to track time and earnings, copies of filed taxes, *etc.*).
 - I have no documentation in my possession, custody or control that reflects my hours worked for my employer, the location of that work, my rate of pay and/or the amount of Earned Sick Leave I have accrued, carried over, and used.

10. The following persons witnessed and/or have knowledge of the Ordinance violations alleged (include contact information to the extent that you have it):

B. If claim that Employer VIOLATED ORDINANCE PROVISIONS RELATED TO ACCRUAL AND/OR USE OF EARNED SICK LEAVE: (Check any that apply)

1. My EMPLOYER **failed to provide me with the amount of Earned Sick Leave** to which I am entitled under the Ordinance.

Here is the relevant information. Be sure to include for whatever time period is relevant to your allegations:

- The number of hours and location(s) that you worked in Cook County;
- The number of hours of Earned Sick Leave to which you believe you are entitled;
- An explanation of how and when those hours of Earned Sick Leave would be accrued (including whether some hours were carried over from previous Accrual Periods);
- The dates on which the Accrual Period starts and ends, if you know;
- The number of hours of Earned Sick leave, if any, which EMPLOYER made available to you and/or said that you had accrued; and
- Any reason given by EMPLOYER for failing to provide all hours of Earned Sick Leave to which you believe you are entitled under the Ordinance.

2. My EMPLOYER **failed to allow me to use accrued Earned Sick Leave** as required by the Ordinance.

Here is the relevant information. Be sure to include for whatever time period is relevant to your allegations:

- The date you requested to use Earned Sick Leave;
- Your stated purpose for requesting to use Earned Sick Leave;

- Whether purpose for taking Earned Sick Leave was foreseeable;
- Whether EMPLOYER has a written policy requiring notification of the intent to use Earned Sick Leave and, if so, whether you complied with such policy;
- The date of EMPLOYER’s denial of your request to use Earned Sick Leave; and
- Any reason given by EMPLOYER for failing to allow you to use accrued Earned Sick Leave as required by the Ordinance.

3. My EMPLOYER **failed to properly compensate me** when I took Earned Sick Leave.

Here is the relevant information:

- I am/was paid by EMPLOYER on the following basis (check all that apply):
 salary hourly gratuities (tips) other: _____
- On [DATE(S)] _____, I was absent from work and informed my EMPLOYER I was using _____ hours of my accrued Earned Sick Leave.
- My EMPLOYER paid me \$_____ as compensation for those hours.
- I believe my EMPLOYER was required to pay me \$_____ as compensation for those hours, so that I was underpaid in the amount of \$_____.

4. My EMPLOYER **engaged in one of the practices specifically described as prohibited** in Section 900.100 of the Interpretative and Procedural Rules governing the Ordinance.

Here is the relevant information:

- 5. My EMPLOYER **otherwise failed to follow the Ordinance** regarding accrual, carryover and use of Earned Sick Leave.

Here is the relevant information:

C. If claim that Employer **FAILED TO PROVIDE REQUIRED NOTICE OF RIGHTS**

- 1. My EMPLOYER failed to provide me with written notice of my rights under the Cook County Earned Sick Leave Ordinance with my first paycheck after July 1, 2017. The date of my first paycheck after July 1, 2017 was: _____

OR

- My EMPLOYER provided me with an inadequate written notice of my rights under the Cook County Earned Sick Leave Ordinance with my first paycheck after July 1, 2017.

Here is a copy of the written notice that my EMPLOYER provided me on [DATE] _____. It is inadequate because:

- 2. My EMPLOYER failed to post in a conspicuous place in a Place of Business within the geographic boundaries of Cook County (that is not a residence employing only

Domestic Workers) a notice of employees' rights under the Cook County Earned Sick Leave Ordinance.

Here is the street address of the Place of Business where the notice should have been posted and description of the specific conspicuous place where I expected to see it (*e.g.*, break room, water cooler, *etc.*) but did not: _____

OR

My EMPLOYER posted an inadequate notice of employees' rights under the Cook County Earned Sick Leave Ordinance in a conspicuous place in a Place of Business within the geographic boundaries of Cook County (that is not a residence employing only Domestic Workers).

Here is a copy of the notice that my EMPLOYER posted on [DATE] _____
It is inadequate because: _____

D. If claim of RETALIATION

1. I engaged in the following protected conduct (*e.g.*, I complained of the Employer's failure to provide Earned Sick Leave):

2. My EMPLOYER took the following adverse action against me (*e.g.*, I was discharged):

3. I believe my EMPLOYER took the adverse action described above because of my protected conduct (described above) based on the following reasons:

4. The location where such retaliation occurred was in Cook County at the following street address:
