Request for Information

Please complete this form, responding to the questions specified below for **EMPLOYER** and all divisions, subsidiaries and parent companies operating within the City of Seattle and return it by October 9, 2017 to OLS Investigator ____ at email@seattle.gov:

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I.	<u>Employees</u>
1.	Complete the attached spreadsheet by filling in the request information for all current employees as of September 26, 2017, that perform any work in Seattle.
	☐ Completed and Included/Attached.
2.	How many employee hours were worked worldwide for EMPLOYER in 2016?
3.	Does EMPLOYER have the <u>Office of Labor Standards 2017 poster</u> posted at its place of business?
	□ Yes □ No
ı	a. If so, specify where.
4.	Does EMPLOYER follow an employee manual or policies with respect to sick or safe leave?
	□ Yes □ No
	 Provide a copy of all manuals and policies that address sick and or safe leave.
	☐ Included/Attached.

II. **Paid Sick and Safe Time** 1. Does EMPLOYER offer paid sick and safe time (PSST) to employees? ☐ Yes ☐ No 2. When can employees use PSST? 3. How do employees accrue PSST hours? (for example, which is the rate of accrual per hour, month or year of work; or what amount of PSST is frontloaded) 4. How much PSST can employees use each year? 5. How much PSST can employees carry over into the subsequent year? 6. How often does EMPLOYER notify employees of their paid sick and safe time balance? How does **EMPLOYER** provide this notification? 7. Does EMPLOYER have a Paid Sick and Safe Time policy? ☐ Yes □ No a. If yes, provide a copy. ☐ Included/Attached

ⁱ OLS makes this request pursuant to SMC 14.16.060.