

Worker Committee Formation Request Form

_____,
Employer Name

As per the NY HERO ACT, we, the undersigned employees, are writing to request establishment of a workplace safety committee for the worksite(s) located at

Address of Workplace(s)

Please contact _____ to discuss a time for the first meeting.

Signed,

_____	_____	_____
_____	_____	<i>Date</i>
_____	_____	
_____	_____	
_____	_____	
_____	_____	

If you are receiving this you are required to participate in Health and Safety Committees.

- Upon receipt, employers shall respond to said request with reasonable promptness.
- Within five (5) days of recognition, employers shall provide notice to all employees at the worksite of recognition.
- Employers shall not interfere with the selection of the non-supervisory employees of a workplace safety committee. Employers are required to select at least one representative to participate in the Health and Safety Committee.
- Committees meet quarterly for 2 hours, without loss of pay, to discuss concerns raised by employees, review any health and safety and policy reports, and participate in site visits/inspections.
- Employer committee members must consider committee meetings as time worked.
- Each committee member is allowed to attend one 4-hour training without loss of pay. Employers must allow committee members to attend trainings at the time of their choosing.
- Employers are required to respond to concerns raised by committee members in writing, review health and safety policies and reports with committee members and allow committee members to participate in site visits/ inspections.