NOTICE OF JOINT SENATE AND ASSEMBLY PUBLIC HEARING

SUBJECT: Sexual Harassment in the Workplace

PURPOSE: To examine sexual harassment issues in the workplace

Albany

Wednesday, February 13, 2019
10:00 AM
Hearing Room B
Legislative Office Building, 2nd Floor
Albany, New York 12248

Reported incidences of sexual harassment in the workplace have increased over the past few years. Social media and high-profile news reports of sexual harassment allegations have helped raise awareness and brought this issue to the forefront of the nation’s attention. This issue impacts all employers and employees, throughout the State and the country.

In 2018, the Legislature enacted a number of measures to combat sexual harassment in the workplace, including mandating that all employers in New York State have a sexual harassment policy, employee training, and a clear complaint and investigation process. Additional proposals are still under consideration in both houses of the Legislature.

As people across the nation continue to discuss this issue, the Committees are interested in hearing from relevant stakeholders and engaging in a meaningful dialogue on this important topic. The purpose of this hearing is not to take individual harassment complaints. If you think you have been subjected to sexual harassment in the workplace, you should contact the Division of Human Rights or visit its website at www.dhr.ny.gov to get information about your rights and available remedies.

Oral testimony will be limited to TEN (10) minutes’ duration. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Twenty (20) copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements.

In order to meet the needs of those who may have a disability, the New York State Legislature, in accordance with its policies of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to the Legislature’s facilities and activities.

James Skoufis
Member of Senate Chair
Committee on Investigations and Government Operations
Alessandra Biaggi
Member of Senate Chair
Committee on Ethics and Internal Governance
Julia Salazar
Member of Senate Chair
Committee on Women’s Issues
JOINT PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Sexual Harassment in the Workplace are requested to complete this reply form as soon as possible and mail, email or fax it to:

Aubree Heydrick
Senior Analyst
Assembly Committee on Labor
Room 520 - State Capitol
Albany, New York 12248
Email: heydricka@nyassembly.gov
Phone: (518) 455-4311
Fax: (518) 455-7095

Nic Rangel
Senior Counsel
Senate Committee on Ethics and Internal Governance
Room 333 - State Capitol
Albany, New York 12248
Email: rangel@nysenate.gov
Phone: (518) 455-2711
Fax: (518) 426-6845

☐ I plan to attend the following public hearing on Sexual Harassment in the Workplace to be conducted by the New York State Senate Committees on Investigations and Government Operations, Ethics and Governance, and Women's Issues, the Assembly Committees on Governmental Operations and Labor, and Assembly the Task Force on Women's Issues on Wednesday, February 13, 2019.

☐ I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 20 copies of my prepared statement. I will address my remarks to the following subjects:

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: ___________________________________________

_____________________________________________________________________

NAME: _____________________________________________________________________
TITLE: _____________________________________________________________________
ORGANIZATION: __________________________________________________________
ADDRESS: _______________________________________________________________
E-MAIL: ___________________________________________________________________
TELEPHONE: ______________________________________________________________
FAX TELEPHONE: ___________________________________________________________