

City of Boston

Employee Request for Emergency Paid Sick Leave

(To be completed by Employees who are not designated as Health Care Providers or Emergency Responders)

An employee requesting Emergency Paid Sick Leave pursuant to the Families First Coronavirus Response Act (“FFCRA”) must complete this form. You must provide as much advance notice as reasonably practicable in order to apply for leave. Please submit the completed form to Michael Kerr at Covidleave@boston.gov.

I. Employee Information

Employee Name: _____

Employee ID #: _____ Department: _____

Title: _____

Employee Phone Number: _____

Employee E-Mail Address: _____

II. Request for Leave

Anticipated date the leave is to begin: _____

Expected return to work date: _____

Purpose for the Leave:

I am unable to work (or telework/remote work) because of the following purpose (select the most appropriate box and provide any additional required information)

☐ **Purpose 1:** I am subject to a federal, state or local quarantine or isolation order related to COVID-19.

a. Provide the name of the government entity issuing the order:

- b. Provide the date through which you must self-quarantine or isolate:

☐ **Purpose 2:** I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

- a. Provide the name of the health care provider issuing the advisement:

- b. Provide the reason you have been advised to quarantine (exposure, underlying condition, etc.):

☐ **Purpose 3:** I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

- a. Provide the status of your COVID-19 testing:

☐ Attempting to make an appointment for a COVID-19 test

☐ Waiting for a scheduled appointment for a COVID-19 test

☐ Awaiting results from a COVID-19 test

- b. If you have been tested, please provide the date:

- c. I hereby certify that if I test positive for COVID-19 I will not return to work until cleared by my medical provider. If I use an electronic signature below it shall constitute my authentic signature.

Employee Signature: _____

☐ **Purpose 4:** I am caring for an individual who is subject to an order as described in purpose 1 above or who has been advised to quarantine as described in purpose 2 above.

- a. Provide either the name of the government entity issuing the order or the health care provider issuing the advisement:

- b. List the name of the individual you are caring for and the individual's relationship to you:

☐ **Purpose 5:** I am caring for a child¹ whose elementary/secondary school, place of care or child care provider has closed due to COVID-19 precautions.

- a. Provide the name of the school/place of care/child care provider:

- b. Provide the name and age(s) of the child/children being cared for:

- c. I hereby certify that no other suitable person is available to care for my child/children during the period of requested leave. If I use an electronic signature below it shall constitute my authentic signature.

Employee Signature: _____

☐ **Purpose 6:** I am experiencing a substantially similar condition to COVID-19 as specified by the U.S. Department of Health and Human Services.

III. Emergency Paid Sick Leave Benefit

Full-time employees are entitled to two weeks of paid sick time capped at eighty (80) hours under the Emergency Paid Sick Leave. Part-time employees are entitled to paid sick time under

¹ A child is defined as an employee's own child, adopted child, foster child, step child, legal ward, or child for whom the employee stands in loco parentis who is (1) under eighteen (18) years of age; or (2) is over eighteen (18) years of age and has a mental or physical disability and is incapable of self-care because of that disability.

the Emergency Paid Sick Leave for a number of hours equal to the number of hours that such part-time employee works on average over a two (2) week period, capped at eighty (80) hours.

Paid sick leave under the Emergency Paid Sick Leave is 100% of the employee's regular rate of pay for leave under purposes 1, 2, and 3 above.

Paid sick leave under the Emergency Paid Sick Leave is at 2/3 the employee's regular rate of pay up to a maximum of \$200 per day or an aggregate of \$2,000 for leave under purposes 4, 5, and 6 above.

IV. Use of Emergency Paid Sick Leave with Another Employer

An employee who has taken Emergency Paid Sick Leave and then changes employers is not entitled to additional Emergency Paid Sick Leave from his or her new employer. An employee who has taken some, but fewer than 80 hours of Emergency Paid Sick Leave, and then changes employers is entitled only to the remaining portion of such leave from his or her new employer. Such an employee's Emergency Paid Sick Leave would expire upon reaching 80 hours of Emergency Paid Sick Leave total, regardless of the employer providing it, or when the employee reaches the number of hours of Emergency Paid Sick Leave to which he or she is entitled based on a part-time schedule with the new employer.

☐ This section does not apply to me because 1) the City of Boston has been my only employer since April 1, 2020, *or* 2) I have not taken Emergency Paid Sick Leave with any other employer.

☐ I have taken Emergency Paid Sick Leave with an employer other than the City of Boston in the amount of _____ hours and _____ days. (Please provide both the number of hours you were paid Emergency Paid Sick Leave and the number of days you were absent.)

V. Certification

I understand that I may be required to provide additional documentation and/or a fitness to return to work certification. I acknowledge that it is my responsibility to contact my manager prior to returning to work. I also understand that if I am unable to return to work/telework on the above date, I must obtain approval for an extension of my leave. I certify that the information provided herein is accurate, complete, and true. If I use an electronic signature below it shall constitute my authentic signature.

Employee Signature: _____

Date: _____

FOR HR USE ONLY

Date Received: _____

Date Processed: _____