

TOWN OF SUTTON
COVID-19 SICK LEAVE - Updated 9/29/21

Employee Request for Massachusetts COVID-19 Emergency Paid Sick Leave

The Massachusetts COVID-19 Emergency Paid Sick Leave Act provides emergency paid sick leave to all employees who are unable to work for certain COVID-19-related reasons. This leave is available between May 28, 2021 through April 1, 2022 (unless funding is depleted sooner). More information on these benefits can be found here: <https://www.mass.gov/info-details/covid-19-temporary-emergency-paid-sick-leave-program#employee-requests-for-leave>

Employees may be granted sick leave hours up to the equivalent of one workweek (up to 40 hours) at your regular rate of pay (maximum of \$850 total).

This Eligibility Determination Request Form will be submitted confidentially to the Human Resources Department to request leave as available for COVID-19 purposes. Please submit this request as soon as possible. This leave will run concurrently with any eligible Family Medical Leave benefits.

Reasons for Leave

Massachusetts employers are required to provide emergency paid sick leave to employees who are unable to work for the following COVID-19-related reasons:

1. An employee's need to:
 - a. Self-isolate and care for themselves because they have been diagnosed with COVID-19;
 - b. Get a medical diagnosis, care, or treatment for COVID-19 symptoms; or
 - c. Get or recover from a COVID-19 immunization;

2. An employee's need to care for a family member¹ who:
 - a. Must self-isolate due to a COVID-19 diagnosis;
 - b. Needs medical diagnosis, care, or treatment for COVID-19 symptoms; or
 - c. Needs to obtain or recover from a COVID-19 immunization;

3. A quarantine order or similar determination regarding the employee by a local, state, or federal public official, a health authority having jurisdiction, the employee's employer, or a health care provider;

4. An employee's need to care for a family member due to a quarantine order or similar determination regarding the family member by a local, state, or federal public official, a health authority having jurisdiction, the family member's employer, or a health care provider; or

5. An employee's inability to telework due to COVID-19 symptoms.

6. Note that, in general, employers may not require employees to use other types of available paid leave before they use COVID-19 emergency paid sick leave. Similarly, employers may not require employees to search for or find a replacement worker to cover the time the employee will miss while using COVID-19 emergency paid sick leave.

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Massachusetts COVID-19 Temporary Emergency Paid Sick Leave Request Form

By law, employees must submit a written request to their employer to take Massachusetts COVID-19 Temporary Emergency Paid Sick Leave (COVID-19 Sick Leave). Complete and submit this form to your HR department, along with written supporting documentation, before taking leave or as soon as practicable. You must also follow all other standard notification procedures with respect to your supervisor or manager as applicable.

Name	
Employee ID Number	
SSN or Tax ID No.	
Leave Start Date/Time	
Leave End Date/Time	

Check the appropriate box below for the relevant COVID-19 Sick Leave qualifying reason:

- I need to:
- self-isolate and care for myself because I have been diagnosed with COVID-19;
 - get a medical diagnosis, care, or treatment for COVID-19 symptoms; or
 - get or recover from a COVID-19 immunization.
- I need to care for a family member who:
- must self-isolate due to a COVID-19 diagnosis;
 - needs medical diagnosis, care, or treatment for COVID-19 symptoms; or
 - needs to obtain or recover from a COVID-19 immunization
- I am subject to a quarantine order or similar determination by a local, state, or federal public official, a health authority having jurisdiction, my employer, or a health care provider.

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

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- I need to care for a family member due to a quarantine order or similar determination regarding the family member by a local, state, or federal public official, a health authority having jurisdiction, the family member's employer, or a health care provider.

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

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Name of person subject to quarantine, and relationship to person (such as spouse, parent, etc.):

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By signing below, I attest that I am qualified for COVID-19 Sick Leave for the reason selected above and that, because of this reason, I am unable to work or telework. I understand that making a false claim may result in disciplinary action. I will notify my HR office and my manager/supervisor as soon as my circumstances change.

 Employee signature

 Date

Make sure to provide any relevant supporting written documentation, along with this completed and signed written notice, to your HR office.

FOR HR USE ONLY:

Actual Leave Start Date/Time	
Actual Leave End Date/Time	
Total Hours Used	
Total Wages	
Total Related Expenses	
Employee's Primary Place of Employment¹	
Average Number of Weekly Hours Worked²	

¹ An employee's "primary place of employment" means the worksite or physical location where the employee spent the greatest percentage of work hours between the dates of January 1, 2020 and April 30, 2021; temporary telecommuting arrangements entered into during this period should not factor into this determination. For a new employee who commenced work on or after May 1, 2021, "primary place of employment" means the worksite or physical location where the employee is expected to spend the greatest percentage of work hours between the first day of work and April 1, 2022, based on the work arrangement agreed upon between the employer and the employee. However, an employee's "primary place of employment" is not in Massachusetts if they have been permanently transferred out of state.

² For employees whose schedule and weekly hours vary from week to week, the average number of hours that the employee was scheduled to work per week over the previous 6-months. If an employee with a variable schedule has not worked for the employer for 6 months, the number of hours per week that the employee reasonably expected to work when hired.