

# Massachusetts COVID – 19 Emergency Paid Sick Leave Request form

I, \_\_\_\_\_ (Name/date) am requesting emergency paid sick leave for the below following reason (check one).

employee's need to:

- self-isolate and care for themselves because they have been diagnosed with COVID-19
- get a medical diagnosis, care, or treatment for COVID-19 symptoms
- get or recover from a COVID-19 immunization

employee's need to care for a family member<sup>1</sup> who:

- must self-isolate due to a COVID-19 diagnosis
- needs medical diagnosis, care, or treatment for COVID-19 symptoms

- a quarantine order or similar determination regarding the employee by a local, state, or federal public official, a health authority having jurisdiction, or a health care provider

Name of government agency/healthcare provider ordering quarantine:

- 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

Name and relation to the person you are caring for:

- an employee's inability to telework due to COVID-19 symptoms

I understand I will be paid for up to one week; no more than 40 hours and \$850 (including benefits.) This program runs May 28, 2021 – September 30, 2021 and is mandated by the state of Massachusetts.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> "Family member" has the same definition as in the Massachusetts Paid Family and Medical Leave Act (M.G.L. c. 175M), namely, an employee's spouse, domestic partner, child, parent, grandchild, grandparent, or sibling, a parent of a spouse or domestic partner of the employee, or a person who stood in loco parentis to the employee when such employee was a minor child

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Employer use; do not write below this line

SSN: \_\_\_\_\_

Length of leave in hours \_\_\_\_\_ Wages Paid \_\_\_\_\_

Benefits applicable \_\_\_\_\_

Number of hours in employee's regular schedule \_\_\_\_\_