

Massachusetts Emergency Paid Sick Leave (MEPSL)

To request paid leave as provided under MEPSL, please complete the following request form and submit to your manager or HR as soon as possible. Verbal notice will be accepted until the form is provided. Documentation to support the need for the leave is required.

Employee Name (print clearly): _____

Department: _____

Manager: _____ Manager has been notified

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of MEPSL being requested is ____ hours. *Maximum MEPSL is 40 hours.*

The reason for this MEPSL request is (check the appropriate reason below):

- 1) Self-isolate and self-care because of a COVID-19 diagnosis.
- 2) Seek or obtain medical diagnosis, care, or treatment for COVID-19 symptoms.
- 3) Obtain or recover from immunization related to COVID-19.
- 4) Care for a family member due to a COVID-19 diagnosis.
- 5) Care for a family member who needs a medical diagnosis, care, or treatment for COVID-19 symptoms.
- 6) A quarantine order, or other determination by a public health official or healthcare provider that the employee's presence at work would jeopardize the health of others.
- 7) Caring for a family member who is subject to a quarantine order, or other determination by a public health official or healthcare provider.
- 8) Inability to work remotely because of a COVID-19 diagnosis and symptoms.

Eligibility = weekly scheduled hours. (i.e., An employee scheduled to work 40 hours per week is eligible for 40 hours of MEPSL.)

~~Minimum pay for 40 hours is \$0.~~ Pay will be prorated for schedules less than 40 hours per week.

• Employee may supplement pay as follows:

- Personal Time Vacation Time Sick Time

Employee Signature: _____ Date: ____/____/____

Manager Signature: _____ Date: ____/____/____

HRD Signature: _____ Date: ____/____/____

- Documentation Received Date: ____/____/____