

CITY OF LYNN COVID-19 SICK LEAVE - Updated 9/29/21

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 the [Personnel 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 Department Head as applicable.

Name	
Department	
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

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may result in disciplinary action. I will notify the [Personnel Department](#) and my Department Head/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 the Personnel Department.

FOR PERSONNEL DEPARTMENT 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.