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**Massachusetts COVID-19 Emergency Paid Sick Leave**

**RCAB Employer Worksheet**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_**

**Location Name: \_\_\_\_\_\_\_**

**Date(s) of Leave Taken: \_\_\_\_\_\_\_**

*Must be between May 28, 2021 and April 1, 2022*

**Reason for Leave (circle all that apply):**

1. an employee’s need to:

a. self-isolate and care for themself 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 **(note: documentation of the immunization is REQUIRED to be on file to receive a reimbursement from MA)**;

1. an employee’s need to care for a family member 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 **(see 1.c., above)**;

1. 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;
   * Name of entity/individual directing employee to quarantine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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.

Is/was the employee able to telework during the period of leave? **YES NO**

(If YES, no reimbursement is available.)

Date employer requested employee to complete the Request for Leave Form: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date employer requested employee’s documentation of need for leave (ex: positive COVID-19 test result, proof of vaccination, etc.): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If Request Form and/or documentation was/were not provided, explain why not: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If documentation was received and it includes medical information about the employee or a family member, has it been filed in a secure, confidential file separate from the employee’s personnel record as required by MA and federal law?  **YES NO**

***(continued on next page)***

**Number of hours in the employee’s regular weekly schedule:**

**Eligible Hours of MA EPSL:**

*Capped at 40 hours for full-time employees; prorated for part-time*

**Eligible wages paid during leave:** $

*Maximum of $850.00*

**Benefits applicable to the employee taking leave:**

* Complete only if eligible earnings are less than $850.00
* Stop once $850.00 maximum is reached

Social Security and Medicare – 7.65% of eligible wages: **$**

Total Life, LTD and TAP charges from monthly invoice then divide by 4.33: **$**

If lay employee enrolled in medical, divide monthly medical cost (from monthly invoice) by 2, then divide by 4.33 **$**

*This assumes that the employer paid for 50% of the cost.*

If Priest, divide monthly benefit costs by 4.33: **$**

*Priests do not pay for their own Medical coverage*

**Total $**

**Grand Total (Wages + Benefits) $**

**Date submitted to MassTaxConnect**

**Date reimbursement received**

**Amount received**