

Managing Director's Office  
1401 John F. Kennedy Blvd., Suite 1430  
Philadelphia, PA 19102



Paid Sick Leave Guidance – Submitting Complaints and Reporting of Violations  
No. 0815-03  
October 9, 2015

On February 12, 2015, Mayor Nutter signed the Promoting Healthy Families and Workplaces: Paid Sick Leave Ordinance. As of May 13, 2015 the ordinance went into effect, and employees began accruing sick leave. Under the Paid Sick Leave law, companies with ten or more employees must provide 1 hour of paid sick leave for every 40 hours worked within the City of Philadelphia boundaries, up to a maximum of 40 hours per calendar year of paid sick leave to employees (any chain establishment must provide paid sick leave regardless of the employee count.). Employers may also choose to allow employees to earn sick leave at a rate more generous than the required minimum rate. Beginning on August 11, 2015, employees can start using accrued paid sick leave, provided they have been employed for ninety calendar days.

The purpose of this guidance is to outline the current process for submitting complaints and violation reports.

#### Submission Requirements:

- All complaints must be submitted on the form provided by the sick leave agency. The form is a PDF fillable document and is published on the Managing Director's Website [www.phila.gov/mdo](http://www.phila.gov/mdo).
- Complaints and reports of violations may be submitted by employees, or by a 3<sup>rd</sup> party who has witnessed the possible violation.
- A completed form can be submitted by email to [paysickleave@phila.gov](mailto:paysickleave@phila.gov). It can also be submitted via mail to the Office of the Managing Director,

Attn: Paid Sick Leave Agency  
1401 John F. Kennedy Blvd., Suite 1430  
Philadelphia, PA 19102

- The complaint should outline in detail the violation and include any supporting documents; including but not limited to:
  - Paystubs
  - Record of hours worked
  - Employment contracts
  - Employer policies on sick leave
  - Copy of the leave request

Do not include any personal or health related information.

- All submitted complaint forms will be reviewed by the agency.

## Complaint Submission Next Steps and Paid Sick Leave Law Expectations:

- Complaints must be filed within 1 year of the complainant becoming aware of the alleged violation.
- The Paid Sick Leave office will keep the complainant's identity confidential, unless disclosure becomes necessary to complete an investigation.
- The Paid Sick Leave office will communicate with the complainant all findings and decisions related to the alleged violation.
- The Paid Sick Leave office will issue notice of any violations found to the employer. The employer then has 60 days to remedy the issue(s).
- The Paid Sick Leave office may impose fines and other remedies; also, the complainant may bring a private civil action, within 2 years after the known date of the alleged violation.

Regulations will be available in the Fall of 2015. Until then, employers should follow the paid Sick Leave Ordinance and published guidance issued by the Managing Director of the City of Philadelphia.



Office of the Managing Director  
 City of Philadelphia Promoting Healthy Families and Workplaces Law  
**COMPLAINT AND INTAKE FORM**

Thank you for contacting the City of Philadelphia Managing Director's Office (MDO). Please complete the questions below. Clearly print or type your answers to each question. If a question does not apply to you, please mark N/A or Not Applicable.

If you have any questions about this form or would prefer to have a staff member help you complete the form, please contact MDO at [PaidSickLeave@phila.gov](mailto:PaidSickLeave@phila.gov). If you prefer to use a language other than English, we can provide free translation assistance. You can submit the completed form in the following ways:

- Email: [PaidSickLeave@phila.gov](mailto:PaidSickLeave@phila.gov) OR
- Mail to: Managing Director's Office, Attn: Paid Sick Leave Division, 1401 John F Kennedy Blvd, Suite 1430, Philadelphia, PA 19102

After MDO receives your completed form, we will contact you within fifteen business days to gather any additional information we need or to notify you what action we will be taking.

<b>How do you want the MDO to help?</b>	Help me resolve my complaint with my employer.	Investigate an employer that I believe is violating the law (third party complaint).		
<b>YOUR CONTACT INFORMATION</b>				
First name		M.I.	Last name	
Address (Building Number, Street Name, Apartment/Suite/Other)			City	State
ZIP Code				
Primary Phone Number (Home)	Secondary Phone Number (Cell)		Email Address	
Correspondence regarding this examination will be sent to you at the email address provided. Correspondence also may be sent to your postal address contingent on the results of the examination of the complaint. It is your responsibility to update the MDO with your most current contact information.				
<b>EMPLOYMENT INFORMATION</b>				
Employer			Your Job Title/Function	
Address of Employer (Building Number, Street Name, Apartment/Suite/Other)			City	State
ZIP Code				
Number of employees:	Fewer than 10		10 or more	
Name of Supervisor or Manager	Supervisor/Manager Phone Number		Supervisor/Manager Email Address	
Name of Human Resources Department Representative	HR Representative Phone Number		HR Representative Email Address	
On what date did you start working for the employer?	____/____/____ (MM/DD/YYYY)			
Are you still working for the employer?	Yes	No	Not applicable	
If you are <i>not</i> , please select the reason	Resigned/Quit	Discharged/Fired	Laid Off	
What was your last day of work?	____/____/____ (MM/DD/YYYY)			
<b>Please answer the following questions to help us determine if you are covered by Philadelphia's Promoting Healthy Families and Workplaces Law. Please see section 914c of the law for more details on qualifications.</b>				
Are you an independent contractor?				Yes
Are you a seasonal worker? (hired for a period no more than 16 weeks in a calendar year)				No
Are you an adjunct professor?				Yes
Are you hired for 6 months or less?				No
Are you covered by a collective bargaining agreement? (e.g., union member)				Yes
Are you a student intern?				No
Are you a pooled employee?				Yes
Are you a State or Federal employee?				No
Have you worked at least 40 hours/ year within the City of Philadelphia Boundaries?				Yes
				No

COMPLAINT INFORMATION		
Do you think the employer has violated the Philadelphia Promoting Healthy Families and Workplaces Act?	Yes	No
If yes, on what date do you believe the employer first violated the law?	_____/_____/_____(MM/DD/YYYY)	
<b>Please indicate which of the following ways the employer has violated the law and provide further information in the space below. Check all that apply</b>		
<input type="checkbox"/>	Not allowing the use of sick leave.	
<input type="checkbox"/>	Not allowing the accrual of 1 hour of sick time for every 40 hours worked in Philadelphia.	
<input type="checkbox"/>	Requiring documentation for absences of 2 days or less.	
<input type="checkbox"/>	Not accepting "reasonable" documentation.	
<input type="checkbox"/>	Not allowing unpaid leave after exhausting paid leave.	
<input type="checkbox"/>	Not allowing accrued sick leave to carry over from one year to the next.	
<input type="checkbox"/>	Requiring a worker to find a replacement worker.	
<input type="checkbox"/>	Requiring missed hours to be made up.	
<input type="checkbox"/>	Requiring documentation beyond the requirements of the law.	
<input type="checkbox"/>	Penalizing a worker for requesting or using unpaid leave.	
<input type="checkbox"/>	Retaliating against a worker requesting sick leave, using sick leave or filing a complaint.	
<input type="checkbox"/>	Not providing notice of rights under the law though individual handouts or posting information in a conspicuous space.	
In your own words, please describe what happened. Use additional sheets, if necessary. <i>Please include all dates of alleged violations.</i>		
Have you tried to resolve your complaint with the employer?	Yes	No
What type of relief are you seeking? (Back pay, reinstatement, etc.)		
Please provide us with any additional information that would be helpful in resolving this issue.		
Please provide any relevant documents along with this form (i.e., pay stub, employment contract, collective bargaining agreement, employer's policy on sick leave, and copy of your request for sick leave). MDO does not need health-related information to process your complaint. If you do provide any health information, MDO will treat it as confidential and will not disclose it without your permission or unless required by law.		
<b>Pursuant to 18 PA. CONS. STAT. ANN. § 4904, relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information is true, correct and complete.</b>		
_____ Signature of Complainant	_____ Date	
_____ Print Name		
_____ Signature of Parent or Guardian (if complainant is under 18 years of age)	_____ Print Name of Parent or Guardian	