



Mayor's Office of Labor

# Benefits & Wage Compliance

CITY OF PHILADELPHIA

## COVID-19 Pandemic Paid Sick Leave Complaint Form

If you prefer a language other than English, we can provide free translation assistance. Please email COVID19workplaceprotections@phila.gov or call our office at 215-686-0802.

Thank you for contacting the Mayor's Office of Labor. Please clearly print or type answers to the questions below. If you have questions about this form or would like help filling out this form, please email our office at COVID19workplaceprotections@phila.gov or call 215.686.0802.

You can submit the completed form in the following ways:

1) Email: [COVID19workplaceprotections@phila.gov](mailto:COVID19workplaceprotections@phila.gov)

2) Mail to: Mayor's Office of Labor,

Attn: Office of Benefits and Wage Compliance

100 S Broad St, 4th Floor, Philadelphia PA 19102

After our office receives your completed form, we will contact you within fifteen business days.

### Contact

Provide the best form of contact.

1

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Employment Information

Enter details about the employer for this complaint.

2

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Phone \_\_\_\_\_

Supervisor Email \_\_\_\_\_ Job Title \_\_\_\_\_

How many employees work for this employer?  10 employees or more  50 employees or more  Not sure

### Eligibility details

Enter information about your eligibility.

3

Please check if any of the following apply to you:

Full time or part time employee

Healthcare or Pool Employee

Missed work due to COVID-19

Other Employee

Tested positive for the pandemic or epidemic disease

Worked a minimum of 40 hours in the previous 3 months before contracting the pandemic or epidemic disease

If you have questions concerning your eligibility, contact our office.

### Complaint details

Enter information the complaint.

4

Please check each violation for this complaint:

Failure to provide pandemic paid sick leave as required under law

Retaliation

Failure to notify employee of this right

Other

Have you asked for paid sick leave and been denied?  Yes  No

If yes, about how many hours of paid sick leave have you been denied? \_\_\_\_\_

What are the dates you missed work due to COVID-19? \_\_\_\_\_

What is your regular hourly rate of pay? \_\_\_\_\_

Please submit all information you have along with this form. Our office will work with you if additional information is needed.

Please include the contract when submitting this form.

### Signature

5

Pursuant to 18PA.CON.S.TAT.ANN. § 4904, Relating to unsworn falsification to authorities, I affirm that to the best of my knowledge, this information and any other information I supply is true, correct and complete. I understand that if I make false statements, I'm subject to penalties.

Signature \_\_\_\_\_

Date \_\_\_\_\_