

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 Office of Worker Protections. 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
- 2) Mail to: Department of Labor,
Attn: Office of Work Protections
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 _____ Your 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

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? _____

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 _____