

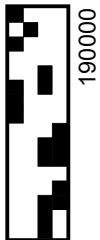
STAVROS

CENTER FOR INDEPENDENT LIVING INC.

210 Old Farm Road
P.O. Box 2130
Amherst, MA 01004-2130

FFCRA PCA/WORKER PAYMENT VOUCHER

Please complete this form if you are requesting paid leave under the FFCRA.



Payroll Period From: / / To: / /

Consumer Name (Print) _____ Consumer Number:

PCA Name (Print): _____ PCA Last Four SSN:

PCA Phone #: _____

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Weekly Total
Week 1	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
Week 2	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

****Each payroll period runs for 2 weeks. It always starts on a Sunday 12:00 A.M. (not Noon) and runs through the second Saturday at 11:59 P.M. Please check your payroll schedule for dates and record the hours you were scheduled to work but instead are requesting Emergency Paid Sick Leave. Enter the weekly total amount in the boxes above. You do not need in and out times. Check with your Consumer if you have questions about the number of hours you were scheduled.***

Emergency Paid Sick Leave:

I would like to request Emergency Paid Sick Leave for the following reason (check the one that applies):

1. The subject to a Federal, State, or local Quarantine or isolation order related to COVID-19

2. I have been advised by a health care provider to self-quarantine related to COVID-19

3. I am experiencing COVID-19 symptoms and am seeking medical diagnosis
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)

5. I am caring for a child whose school or place of care is closed (or child care provider is unable) due to COVID-19 related reasons (Intermittent time available for reason 5 ONLY)

6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Service

Please note: A separate voucher needs to be submitted for each qualifying reason. For reasons 1, 2, 3, 4, and 6, you must use an Emergency Paid Sick Leave consecutively and cannot work for any consumer on the same day as when you use Emergency Paid Sick Leave for reasons 1, 2, 3, 4, or 6.

By signing below, I certify under pain and penalty of perjury that I was scheduled to provide MassHealth PCA/Worker services to the consumer during the time(s) described on this voucher.

PCA Signature: _____

Date: _____