

Stavros Fiscal Intermediary Services

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MEPSL PCA/WORKER Payment Voucher

Please complete this form if you are requesting paid sick leave under the Massachusetts Emergency Paid Sick Leave (MEPSL) program.

Payroll Period From: / / To: / /

Consumer Number: Telephone #: _____

Consumer Name (Print): _____

PCA Name (Print): _____

PCA Telephone #: _____

PCA Last 4 Digits of SSN Unique ID: _____

Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Hours of Sick Time Requested:								

Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total
Hours of Sick Time Requested:								

Note: Each payroll period runs for 2 weeks. Payroll periods always start on a Sunday at 12:00 AM (not Noon) and run through the second Saturday at 11:59 PM. Please check your payroll schedule for dates. **Only record the hours you were scheduled to work but instead are requesting Emergency Paid Sick Leave.** You may be eligible for Emergency Paid Sick Leave up to the average number of hours you have worked per week in the past six months, but not to exceed 40 hours.

Enter the total hours of sick time you are requesting for each day in the boxes above. Once complete, add up the daily totals for each week and enter the total weekly hours being requested. You do not need to record in and out times. Check with your Consumer if you have questions about the number of hours you were scheduled. A separate form needs to be submitted for each qualifying reason. Some qualifying reasons require you to provide additional information in the space below; this form will not be processed without all required information.

Reason for Request

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

- I need to:**
- self-isolate and care for myself because I have been diagnosed with COVID-19;
 - get a medical diagnosis, care, or treatment for COVID-19 symptoms; or
 - get or recover from a COVID-19 immunization.

I need to care for a family member who:

- must self-isolate due to a COVID-19 diagnosis;
- needs medical diagnosis, care, or treatment for COVID-19 symptoms; or
- needs to obtain or recover from a COVID-19 immunization

I am subject to a quarantine order or similar determination by a local, state, or federal public official, a health authority having jurisdiction, my employer, or a health care provider. Please fill out the required information below:

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

I 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. Please fill out the required information below:

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

Name of person subject to quarantine, and relationship to person (such as spouse, parent, etc.):

PCA Signature and Attestation

By signing below, I attest that I am qualified for COVID-19 Sick Leave for the reason selected above and that, because of this reason, I am unable to work.
By signing below, I certify under pain and penalty of perjury that information supplied in this voucher is true.

PCA Signature: _____

Date: _____

Important Information and Instructions

MEPSL Payment Voucher

Massachusetts Emergency Paid Sick Leave (MEPSL) Description

Under the terms of Chapter 16 of the Acts of 2021 (An Act Providing for Massachusetts COVID-19 Emergency Paid Sick Leave), which was enacted by the Legislature and signed by Governor Charlie Baker, effective May 28, 2021, employers are required to make paid leave time available to employees for COVID-related illnesses, quarantine, and vaccinations. This law was amended on September 29, 2021 to extend the duration of the program and to expand the reasons employees may take leave under the law. This emergency paid sick leave will be available until April 1, 2022 or the exhaustion of \$75M in program funds as determined by the Commonwealth, whichever is earlier.

For more information, please visit: <https://www.mass.gov/info-details/covid-19-temporary-emergency-paid-sick-leave-program#employee-requests-for-leave->

Paid Leave Entitlements

PCAs are entitled to take emergency paid sick leave equal to their average number hours worked per week in the previous six months, but not to exceed a maximum of 40 hours. PCAs who work an average of 40 or more hours per week can utilize 40 hours of emergency paid sick leave. PCAs who work less than 40 hours per week are entitled sick leave equal to their average number hours worked per week over the previous six months. For instance, if a PCA has worked an average of 25 hours per week over the last 6 months, they could take up to 25 hours of emergency sick leave for the qualifying reasons below. If a PCA has not been continuously employed for the past six months, that employee's available PCA work history will be used to determine the number of emergency paid sick leave hours for which they are eligible. Emergency paid sick leave is paid at 100% of the normal PCA wage rate, but payment cannot exceed a total of \$850.

Emergency paid sick leave can only be taken for the reasons noted on the MEPSL PCA/Worker Payment Voucher form. PCAs can only request emergency paid sick leave to cover time when they would normally have been scheduled to work. Emergency paid sick leave is separate from each PCA's individually accrued Paid Time Off (PTO).

Instructions

In order to request emergency sick leave, please complete the MEPSL PCA/Worker Payment Voucher, in accordance with the following instructions:

1. **Please mail or fax (1-888-773-4281)** this signed form by 12:00 P.M. on the Monday after the weekly cycle ends to ensure timely payment. **Incomplete or illegible forms or forms not signed by the PCA will be returned.** Please do not send the form twice. **Be sure to keep a copy of the timesheet for the PCA/Workers records.**
2. Record the Payroll Period. Each week starts on Sunday and runs through Saturday.
3. Record the Employer and PCA information. Consumer Name, Consumer Number, PCA Name, PCA last 4 of SSN and Unique ID.
4. Record Total number of hours for each day.
5. Record Weekly Hour Total
6. Choose the appropriate reason and check the box (**only choose one**)
7. For optimum accuracy, please:
 - Write in BLACK PEN ONLY
 - Write numbers as large and legible as possible.
 - If you have any questions, please call the FI for clarification on how to fill out this form before submitting the form.
8. Inform your Consumer that you are taking Emergency Paid Sick Leave.