

GENERAL SERVICES AGENCY  
**OFFICE OF LABOR STANDARDS ENFORCEMENT**  
 PATRICK MULLIGAN, DIRECTOR



## EMPLOYEE INTERVIEW FORM

### Public Health Emergency Leave

|   |  |
|---|--|
| Date  | FOR OFFICE USE ONLY<br><b>CASE #</b>   |
| First Name                      Last Name   | Business name  |
| Your Phone #  | Owner's Name and Phone #   |
| Your Address  | Business Address   |
| Your Email Address  | Date of Hire and Job Title   |
| Are you currently working? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, when was last day of work? _____  | Were you employed by this employer on February 25, 2020?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <p><b>You were denied Public Health Emergency Leave (PHEL) because you were unable to work, including telework, for the following reasons:</b></p> <ul style="list-style-type: none"> <li>1- <input type="checkbox"/> You were subject to an individual or general government quarantine or isolation order related to COVID-19, including shelter-in-place orders, or were a member of a vulnerable population</li> <li>2- <input type="checkbox"/> You were advised by a health care provider to self-quarantine</li> <li>3- <input type="checkbox"/> You sought for medical diagnosis because you experienced symptoms associated with COVID-19</li> <li>4- <input type="checkbox"/> You were caring for a family member who meets one of the categories listed above</li> <li>5- <input type="checkbox"/> You were caring for a family member if the school or place of care of family member has been closed, or the care provider of such family member is unavailable, due to the public health emergency</li> <li>6- <input type="checkbox"/> You were experiencing any other substantially similar condition specified by the Local Health Officer, or under section 5102 (a)(6) of the Act, by the US Secretary of Health and Human Services</li> </ul> |  |
| Does the business have over 500 employees worldwide? Yes <input type="checkbox"/> No <input type="checkbox"/>   | Is business currently operating? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/><br>If No, when was the last day open? _____  |
| Do you work for a health care provider or emergency responder? Yes <input type="checkbox"/> No <input type="checkbox"/>   | Current or last rate of pay \$ _____   |
| <p><b><u>Current Schedule</u></b></p> <p>Monday _____ to _____</p> <p>Tuesday _____ to _____</p> <p>Wednesday _____ to _____</p> <p>Thursday _____ to _____</p> <p>Friday _____ to _____</p> <p>Saturday _____ to _____</p> <p>Sunday _____ to _____</p> <p>How many hours per week do you work?</p>  | <p><b><u>Previous Schedule (before the Public Health Emergency, 6 months before February 25, 2020)</u></b></p> <p>Monday _____ to _____</p> <p>Tuesday _____ to _____</p> <p>Wednesday _____ to _____</p> <p>Thursday _____ to _____</p> <p>Friday _____ to _____</p> <p>Saturday _____ to _____</p> <p>Sunday _____ to _____</p> <p>How many hours per week did you work?</p> |
| Has the company implemented any new paid time off policies as of Feb 25, 2020 Yes <input type="checkbox"/> No <input type="checkbox"/>  | Have you received any additional COVID-19 related compensation since February 25, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If YES, Please describe:   |

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| <p><b>Did your schedule change after San Francisco declared a local emergency?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how?</p>   | <p><b>Have you received unemployment benefits since March 2020?</b><br/>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p><b>Have you received a payout for all accrued vacation or PTO hours?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br/><br/>If yes, when was it paid out? _____</p>  | <p><b>When did you receive your most recent or last paycheck?</b><br/><br/>Date: _____</p>   |
| <p><b>Have you received a written notice regarding your employment status?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, please include it when submitting this form.</p>   |  |
| <p><b>Have you made a request for Emergency Leave to your employer?</b><br/>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please submit any relevant correspondence with this form.<br/><br/>Describe your employer's response to your Emergency Leave request:</p> |  |
| <p>Supervisor's name, phone # and email address</p>  | <p>Human Resources department contact name, phone # and email address</p>  |
| <p>Names of your co-workers and phone #s.</p>  |  |
| <p>Do you have any witnesses (list their names and phone #) or other evidence?</p>   |  |
| <p><b>If you are receiving assistance with this claim, please provide your representative's contact information:</b><br/>Name: _____ Phone number: _____ email address: _____<br/><br/>Job title: _____</p>  |  |
| <p>Do you have anything to add?</p>  |  |
| <p>Employee signature _____ Date: _____<br/><br/>Interviewer Name and Org. _____ Date: _____<br/><br/>Place of Interview: _____</p>  |  |
| <p>If you are able, please complete, scan, and email this claim form to OLSE at <a href="mailto:PSL@sfgov.org">PSL@sfgov.org</a></p>   |  |