

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



EMPLOYEE INTERVIEW FORM Public Health Emergency Leave

Date _____	FOR OFFICE USE ONLY CASE # _____
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"/> If No, when was last day of work? _____	Were you employed by this employer on February 25, 2020? Yes <input type="checkbox"/> No <input type="checkbox"/>
You were denied Public Health Emergency Leave (PHEL) because you were unable to work, including telework, for the following reasons: <ol style="list-style-type: none"> 1- 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 <input type="checkbox"/> 2- You were advised by a health care provider to self-quarantine <input type="checkbox"/> 3- You sought for medical diagnosis because you experienced symptoms associated with COVID-19 <input type="checkbox"/> 4- You were caring for a family member who meets one of the categories listed above <input type="checkbox"/> 5- 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 <input type="checkbox"/> 6- 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 <input type="checkbox"/> 	
Does the business have over 500 employees? 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"/> 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 \$ _____
<u>Current Schedule</u> Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____ How many hours per week do you work? _____	<u>Previous Schedule (before the Public Health Emergency)</u> Monday _____ to _____ Tuesday _____ to _____ Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____ Saturday _____ to _____ Sunday _____ to _____ How many hours per week did you work? _____

Did your schedule change after San Francisco declared a local emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how?	Have you applied for unemployment benefits? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor 's name, phone # and email address	Human Resources department contact name, phone # and email address
Names of your co-workers and phone #s.	
Do you have any witnesses (list their names and phone #) or other evidence?	
Do you have anything to add?	
<p> Employee signature _____ Date: _____ </p> <p> Interviewer Name and Org. _____ Date: _____ </p> <p> Place of Interview: _____ </p>	