



**CITY OF OAKLAND**  
**DEPARTMENT OF WORKPLACE AND EMPLOYMENT STANDARDS**

**COVID-19 Emergency Paid Sick Leave Ordinance: Employee Questionnaire**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_ Business Name: \_\_\_\_\_

Employee Email: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Employee Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

1. Briefly describe why you are submitting this complaint (for example, "I have not received my emergency paid sick leave", "My Measure FF Paid Sick Leave was not cashed out" or "I was not paid for using emergency paid sick leave")

2. Are you still employed by this employer? YES \_\_\_ or NO \_\_\_. If NO, when was your last day of work? \_\_\_\_\_.

3. Did you perform work for the employer for at least two hours per week after February 3, 2020 within the City of Oakland? YES \_\_\_ or NO \_\_\_

4. Does your employer have 500 or more employees? YES \_\_\_ or NO \_\_\_.

5. Did you also file a complaint with the Federal Department of Labor?

6. Are you a recipient of public benefits who as a condition of receiving public assistance has performed at least 2 hours of work within the City for an employer after Feb 2, 2020.

7. Does the business allow you to accrue at least 160 hours of paid leave? YES \_\_\_ or NO \_\_\_  
 If so, did you have at least 80 hours of accrued paid leave on May 12, 2020? YES \_\_\_ or NO \_\_\_

8. Are you a health care provider or emergency responder? YES \_\_\_ or NO \_\_\_.

9. List your previous work schedule below. *If you punch in and out multiple times during the day, list that in the space provided.*

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							

10. List your current work schedule below.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							
<i>Time In</i>							
<i>Time Out</i>							

11. If you do not have a regular work schedule each week, how many hours per week did you work, on average? \_\_\_\_\_

12. If you were laid off, were you paid out your accrued Measure FF Paid Sick Leave? YES\_\_\_or NO\_\_\_.

13. Does your employer provide you with health insurance? YES\_\_\_or NO\_\_\_If YES, (a) What insurance company?  
 (b) Do you have to pay any part of the premium? YES\_\_\_NO\_\_\_  
 (c) What date did your coverage begin?

14. Do you receive **paid** time off (e.g. vacation, holidays, sick leave)? YES or NO  
 If YES, how many days per year? \_\_\_\_\_

15. Are you a member of a union? YES or NO

If YES,

(a) What is the name of your union local?

(b) Do you have a copy of your collective bargaining agreement (union contract)?

(c) What is the name of your business agent / union rep?

16. Have you ever complained or asked your employer questions about your paid sick leave? YES\_\_ or NO \_\_\_\_  
 If YES, please provide the date of your inquiry/complaint, the name and title of who you talked to, and their response:

17. Has your employer ever retaliated against you for raising issues about your paid sick leave? YES\_\_\_or NO\_\_\_  
 If YES, please describe what happened:

18. Do you wish to keep this complaint anonymous (i.e. keep your name confidential from your employer)?

\_ Yes, I want to keep this complaint confidential.

\_ No, it is OK for my employer to know I submitted this complaint.

\_ It doesn't matter. I don't care if my employer knows that I submitted this complaint

19. What are the names of some of your co-workers who will support your claim? *Please provide contact information.*

<i>Name</i>	<i>Contact</i>

20. Are there any other witnesses or any other evidence that would help you substantiate your case? *(For example, names of regular customers or delivery drivers, group photographs, etc.)*

21. Do you have anything else to add?

I declare under penalty of perjury that the above statement is true and correct to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

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Assigned Compliance Officer: \_\_\_\_\_