Request for COVID Supplemental Pay for SEIU Unit Members

Emp	oloyee Name	e (please print)	Employee ID#					
Wor	ksite		Job Title					
Qua	lification R	equirements:						
2020	, and February	28, 2021, are eligible for COVID	s for part or all of their work time durin Supplemental Pay. In order to receiv omitted to the supervisor by April 30 ,	e this supplemental pay, this form				
(e W C	e.g. Food distri where CDC reconstruction site	bution; Chromebook distribution; ommended physical distancing care	ng unit members working in designal and student materials distribution) or annot always be implemented (e.g. fo ifferential of 50% per hour for the howork environments.	selected work environments od production, some major				
Cor	mplete all	sections of this form	that apply to you:					
1.	assignment f	Public-facing means coming in close contact (6 feet or less) with non-MCPS individuals in the course of the work assignment for periods of 15 minutes or more at a time. I certify that I worked in such public-facing work for the dates and hours listed here:						
	•	See attached documentation (check here if you are attaching additional documentation)						
	Date	Hours Worked	Date Hours \	Worked				
		Signature: Signature:						
2.	The impacted work environments are work situations where recommended physical distancing between individuals is not possible because of the nature of the work or the layout of the work area. I certify that I worked in such impacted environment work for the dates and hours listed here:							
	See a	ttached documentation (check he	re if you are attaching additional doc	umentation)				

	Date	Hours Worked	Date	Hours Worked				
	Employee S	Signature:		Date Date				
B.	Except for the time compensated under paragraph Part A , employees asked or required to work on-site at MCPS work sites will receive a one-time payment based on the following scale of total hours so worked during the designated period of time:							
	2. 41 3. 81 4. 141	- 40 hours \$100 - 80 hours \$200 - 140 hours \$300 200 hours \$400 er 200 hours \$500						
		d on-site, not including the tim uary 28, 2021, to receive the fol		, for the necessary number of hours	s between October			
	1. \$	3100.00						
	2. \$	2200.00						
	3. \$	3300.00						
	4. \$	3400.00						
	5. \$	5500.00						
Employee Name (please print)				Employee ID#	_			
Employee Signature:			Date					
Supervisor Signature:				Date				

Request Process:

- Employees seeking supplemental pay must complete this form indicating the number of hours worked in each of
 the above-described situations during the identified period of time. Known documentation may be provided or
 referenced. It is recognized that in some situations, documentation may not be available. In any event, the
 employee will complete the form and submit it to their immediate supervisor for verification signature no later than
 April 30, 2021.
- 2. The immediate supervisor will approve and sign the form and return a copy to the employee within **three (3) duty** days of receipt.
- If there is not agreement between the employee and the supervisor, the employee may file an appeal to the Office
 of Employee Engagement and Labor Relations (OEELR) within 3 duty days. Send appeals requests to
 Carrie d booth@mcpsmd.org.
- 4. OEELR will collaborate with a designated SEIU representative to review such appeals and resolve them. Any appeals must be processed and resolved by **May 14, 2021**. Payment of the supplemental pay will be in the **June 18, 2021**, **paycheck**.