

Employer Packet (Forms to Keep)

Tempus Unlimited Fiscal Intermediary

This packet includes important documents and information to help Consumers understand their rights, responsibilities, and available supports within the PCA program. You will find key notices, guidance for hiring PCAs, policy information, and helpful resources designed to assist you in managing your services.

- **Tempus Unlimited, Inc. Notice of Privacy Practices (NPP)**: The NPP describes how Protected Health Information (PHI) about you may be used or disclosed, and how you may access this information.
- **Hiring a PCA: Steps to Success for New Consumers**: This checklist is intended to guide new Consumers to the Fiscal Intermediary (FI) program through the process of hiring a Personal Care Assistant (PCA).
- **Mass PCA Directory Flyer**: Provides options for finding, posting, and hiring PCAs through the Mass PCA Directory and includes contact information.

Below are important resources available to Consumers/Participants. These programs offer support, guidance, and updates to help you manage your services.

My Ombudsman Program: MassHealth is pleased to announce that the My Ombudsman program has expanded to serve members who receive their care via Fee For Service (FFS). This means that My Ombudsman is now able to assist any MassHealth member with questions or challenges accessing MassHealth covered benefits or services. The My Ombudsman program is an independent, free service for all MassHealth members as well as members' families, caregivers, and advocates. Many My Ombudsman staff are or have been MassHealth members, and have personal experience with disability. Additional information is available on the Tempus website.

EverBridge Alerts: Tempus uses EverBridge to send important alerts by text, email, or phone. These messages let you know about office closures, emergencies, or program updates that may affect your PCA services. To learn more information visit <https://tempusunlimited.org/notifications/>

Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

EFFECTIVE DATE: February 16, 2026

This notice describes how Protected Health Information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

This Notice is provided on behalf of Tempus Unlimited Inc. (referred to as “the Agency”).

PURPOSE

This notice of Privacy Practices describes how we may use and disclose your Protected Health Information (PHI) to carry out payment for Fiscal Intermediary program services, required by the contract entered between the Massachusetts Executive Office of Health and Human Services and Tempus Unlimited, Inc.

Protected Health Information is information that may identify the Consumer and that relates to the consumer’s past, present or future physical or mental health, and may include name, address, phone numbers, and other identifying information.

[2026 Addition] The Agency operates as a Fiscal Intermediary and provides administrative, payment, and oversight services. The Agency does not provide clinical treatment services and does not originate medical or behavioral health treatment records.

We are required by law to give you this notice and to maintain the privacy and security of your protected health information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We reserve the right to change the privacy practices described in it. A current version of this Notice may be obtained from the Agency website, www.tempusunlimited.org and will be posted in our offices. You may also request a current copy by sending a written request to the Agency Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072.

WHO WILL FOLLOW THIS NOTICE

This notice describes the practices of Agency health care professionals, employees, volunteers, and others who work in any of the Tempus Unlimited, Inc. Programs that you may participate in.

YOUR PRIVACY RIGHTS

You have the following rights relating to your Protected Health Information:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of Agency created documents. Your request to obtain a copy of these documents must be in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.
- Request that an amendment to your Protected Health Information (PHI), if you feel the information is incomplete or incorrect.
- Obtain an accounting of certain disclosures Protected Health Information.
- We will obtain your written permission for uses and disclosures of your Protected Health information sent to you by alternative means or at alternative locations.
- We will obtain your permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or another designated individual.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information and to abide by the terms of this Notice.

We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information.

[2026 Addition] In some circumstances, federal or state laws may impose more restrictive limits on the use and disclosure of certain health information. When such laws apply, the Agency complies with the more restrictive legal requirement.

Notice of Privacy Practices

Tempus Unlimited Fiscal Intermediary

We will not use or disclose your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. We will request that you submit that request in writing. We will offer an accommodation to document your request if needed.

EXAMPLES OF USE AND DISCLOSURES

We will use your Protected Health information to provide services.

- **Public Health:** We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and is required by law.
- **Communicable Disease:** We may disclose your Protected Health information to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- **Law Enforcement and Legal Proceedings: [2026 Revised]** We may disclose your Protected Health Information as required by law, such as in response to a valid court order, subpoena, discovery request, or other lawful process. When the Agency is not the originator of clinical or treatment records, requests for such records may be redirected to the provider of records.
- **As Required by Law: [2026 Revised]** We disclose Protected Health Information when required by federal, state, or local law and in accordance with any applicable confidentiality requirements that may impose additional restrictions.
- **Health Oversight Activities:** We may disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight Agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- **Abuse or Neglect:** We may disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- **Legal Proceedings:** We may disclose your protected Health information during any judicial or administrative proceeding or in response to a court order, subpoena, discovery request, or other lawful process.
- **Required Uses and Disclosures:** We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- **To Avoid Serious Threat to Health or Safety:** We may use and disclose Protected Health Information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- **For Specific Government Functions:** In certain situations, we may disclose Protected Health Information of veterans. We may disclose your Protected Health Information for national security activities required by law.

COMPLAINTS

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your Protected Health Information. We create a record of the care and services you receive at the Agency. We need this record to provide services to you and to comply with certain legal requirements.

If you believe your Privacy Rights have been violated, you may make a complaint to us or to the US Secretary of Health and Human Services at: <http://www.hhs.gov/>

Complaints to the Agency may be submitted to:

Tempus Unlimited, Inc. Compliance Department
600 Technology Center Drive
Stoughton, MA 02072
Email a complaint to: Grievance@TempusUnlimited.org

There will be no retaliation for filing a complaint.

Aviso sobre las prácticas de privacidad

Tempus Unlimited Fiscal Intermediary

FECHA EFECTIVA: Febrero 16, 2026

Este aviso describe cómo se puede utilizar y compartir la Información Médica Protegida sobre usted, y cómo puede acceder a esta información. Por favor léalo con mucha atención.

Este aviso se proporciona en nombre de Tempus Unlimited Inc. (referido como “la Agencia”).

PROPÓSITO

Este aviso sobre prácticas de privacidad describe cómo podemos utilizar y compartir su Información Médica Protegida (PHI) para realizar el pago de los servicios del programa Intermediario Fiscal, tal y como lo exige el contrato establecido entre la Oficina Ejecutiva de Salud y Servicios Humanos de Massachusetts y Tempus Unlimited, Inc.

La Información Médica Protegida es información que puede identificar al consumidor/a y que se refiere a su salud física o mental pasada, presente o futura, y puede incluir nombre, dirección, números de teléfono y otra información identificativa.

[2026 ADICIÓN] La Agencia opera como Intermediario Fiscal y presta servicios administrativos, de pago y de supervisión. La Agencia no presta servicios de tratamiento clínico y no genera registros médicos ni de tratamiento de salud mental.

La ley nos exige que le proporcionemos este aviso y que mantengamos la privacidad y seguridad de su información médica protegida. Debemos cumplir con las obligaciones y prácticas de privacidad descritas en este aviso y proporcionarle una copia a usted.

Nos reservamos el derecho a modificar las prácticas de privacidad descritas en el presente documento. La versión actualizada de este aviso se puede obtener en la página web de la Agencia, www.tempusunlimited.org y se publicará en nuestras oficinas. También puede solicitar una copia actualizada enviando una solicitud por escrito al Departamento de Cumplimiento de la Agencia (Agency Compliance Department), 600 Technology Center Drive, Stoughton, MA 02072.

QUIÉN DEBERÁ SEGUIR ESTE AVISO

Este aviso describe las prácticas de los profesionales de la salud, empleados, voluntarios y otras personas que trabajan en cualquiera de los programas de Tempus Unlimited, Inc. Programas en los que usted pueda participar.

SUS DERECHOS DE PRIVACIDAD

Usted tiene los siguientes derechos en relación con su Información Médica Protegida:

- Obtenga una copia actualizada en papel de este aviso.
- Inspeccione o obtenga una copia de los documentos creados por la Agencia. Su solicitud para obtener una copia de estos documentos debe realizarse por escrito o en un formato que nos permita verificar que el solicitante es Consumidor/a o Guardián o otra persona designada.
- Solicite una modificación de su Información Médica Protegida (PHI) si considera que la información está incompleta o es incorrecta.
- Obtenga un informe de ciertas divulgaciones de Información Médica Protegida.
- Obtendremos su permiso por escrito para el uso y la divulgación de su información médica protegida que se le envíe por medios alternativos o a ubicaciones alternativas.
- Obtendremos su permiso para los usos y divulgaciones de su Información Médica Protegida que no estén cubiertos por el Aviso o permitidos por la ley. Excepto en la medida en que el uso o la divulgación ya se hayan realizado, usted puede cancelar este permiso. Esta solicitud de cancelación debe presentarse por escrito o en un formato que nos permita verificar que el solicitante es Consumidor/a o Guardián o otra persona designada.

NUESTRAS RESPONSABILIDADES

La ley nos exige mantener la privacidad y seguridad de su información médica protegida y cumplir con los términos de este Aviso.

Le informaremos de inmediato si se produce un incidente que pueda haber comprometido la privacidad o la seguridad de su información.

[2026 ADICIÓN] En algunas circunstancias, las leyes federales o estatales pueden imponer límites más restrictivos al uso y la divulgación de cierta información médica. Cuando se aplican esas leyes, la Agencia cumple con los requisitos legales más restrictivos.

Aviso sobre las prácticas de privacidad

Tempus Unlimited Fiscal Intermediary

No utilizaremos ni divulgaremos su información fuera de lo aquí descrito, a menos que usted nos autorice a hacerlo. Si nos autoriza, puede cambiar de decisión en cualquier momento. Le pediremos que envíe su solicitud por escrito. Le proporcionaremos un medio para documentar su solicitud si es necesario.

EJEMPLOS DE USOS Y DIVULGACIONES

Utilizaremos su información médica protegida para proporcionar servicios.

- **Salud Pública:** Podemos dar su Información Médica Protegida a agencias de salud pública que se encargan de prevenir o controlar enfermedades, heridas o discapacidades y es requerido por la ley.
- **Enfermedad Transmisible:** Podemos divulgar su Información Médica Protegida a una persona que pueda haber estado expuesta a una enfermedad contagiosa o que pueda correr el riesgo de contraer o transmitir la enfermedad o condición, si está autorizado por la ley, como en el caso de una enfermedad que requiera cuarentena.
- **Ejecución de la ley y Procedimientos Legales: [2026 REVISADO]** Podemos divulgar su Información Médica Protegida según lo exija la ley, por ejemplo, en respuesta a una orden judicial válida, una citación, una solicitud de descubrimiento o otro proceso legal. Cuando la Agencia no es la originadora de los registros clínicos o de tratamiento, las solicitudes de esos registros pueden ser redirigidas al proveedor de los registros.
- **Según lo exige la ley: [2026 REVISADO]** Divulgamos la Información Médica Protegida cuando así lo exige la legislación federal, estatal o local, y de acuerdo con cualquier requisito de confidencialidad aplicable que pueda imponer restricciones adicionales.
- **Actividades de Supervisión de Salud:** Podemos divulgar su Información Médica Protegida a una agencia de supervisión de la salud para actividades autorizadas por la ley, tales como investigaciones y inspecciones. Las agencias de supervisión son aquellas que supervisan el sistema de salud, los programas de beneficios gubernamentales, como Medicaid, y otros programas reguladores del gobierno.
- **Abuso o Negligencia:** Podemos divulgar su Información Médica Protegida a las autoridades gubernamentales que estén autorizadas por ley a recibir informes de sospechas de abuso o negligencia.
- **Procedimientos Legales:** Podemos divulgar su Información Médica Protegida durante cualquier procedimiento judicial o administrativo, o en respuesta a una orden judicial, citación, solicitud de descubrimiento o otro proceso legal.
- **Usos y Divulgaciones Requeridos:** Debemos divulgar información cuando así lo requiera el Secretario del Departamento de Salud y Servicios Humanos para investigar o determinar nuestro cumplimiento de las Regulaciones de Privacidad de HIPAA.
- **Para Evitar Amenazas Graves para la Salud o la Seguridad:** Podemos utilizar y divulgar su Información Médica Protegida cuando sea necesario para prevenir una amenaza grave para su salud o seguridad, o para la salud o seguridad del público o de otra persona.
- **Para Funciones Gubernamentales Específicas:** En algunas situaciones, podemos compartir la Información Médica Protegida de los veteranos. Podemos compartir su Información Médica Protegida para actividades de seguridad nacional que la ley exige.

QUEJAS

Entendemos que la información médica sobre usted y su salud es personal y confidencial, y nos comprometemos a proteger la confidencialidad de su Información Médica Protegida. Creamos un registro de la atención y los servicios que recibe en la Agencia. Necesitamos este registro para proporcionarle servicios y cumplir con ciertos requisitos legales.

Si cree que se han violado sus Derechos de Privacidad, puede presentar una queja ante nosotros o ante el Secretario de Salud y Servicios Humanos de los Estados Unidos en: <http://www.hhs.gov/>

Las quejas dirigidas a la Agencia pueden enviarse a:

Tempus Unlimited, Inc. Compliance Department
600 Technology Center Drive
Stoughton, MA 02072

Envíe una queja por correo electrónico a: Grievance@TempusUnlimited.org

No habrá repercusiones por presentar una queja.

Steps to Success for New Consumers

Tempus Unlimited Fiscal Intermediary

This checklist is intended to guide new Consumers to the Fiscal Intermediary (FI) program through the process of hiring a Personal Care Assistant (PCA). It outlines key requirements that must be completed before the hiring process begins, followed by the steps involved in hiring and onboarding a PCA.

Section 1: Pre-Hiring Requirements


Before hiring a PCA, the following steps must be completed to ensure the Consumer is set up as an Employer with the Fiscal Intermediary (FI):

Complete Consumer Intake	
Confirm that you are active with Tempus and that your Consumer Intake is fully processed. The following must be on file with Tempus:	
<input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Prior Authorization <input type="checkbox"/> Valid email address	
Post Required Notices in the Home	
<input type="checkbox"/> Workers' Compensation Notice (DIA) <input type="checkbox"/> Unemployment Insurance Notice (DUA) <input type="checkbox"/> Earned Sick Time Rights	<input type="checkbox"/> E-Verify Participation Poster <input type="checkbox"/> Right to Work / Anti-Discrimination Poster (IER) <input type="checkbox"/> Paid Family and Medical Leave (PFML) Notice

Section 2: PCA Hiring and Onboarding Process

After completing the pre-hiring requirements outlined in Section 1, Tempus Unlimited FI will mail you a new Consumer Welcome Packet, including the FI Operations Handbook, new hire paperwork (NHP) and other helpful resources.

Follow the steps below to complete the PCA hiring and onboarding process:

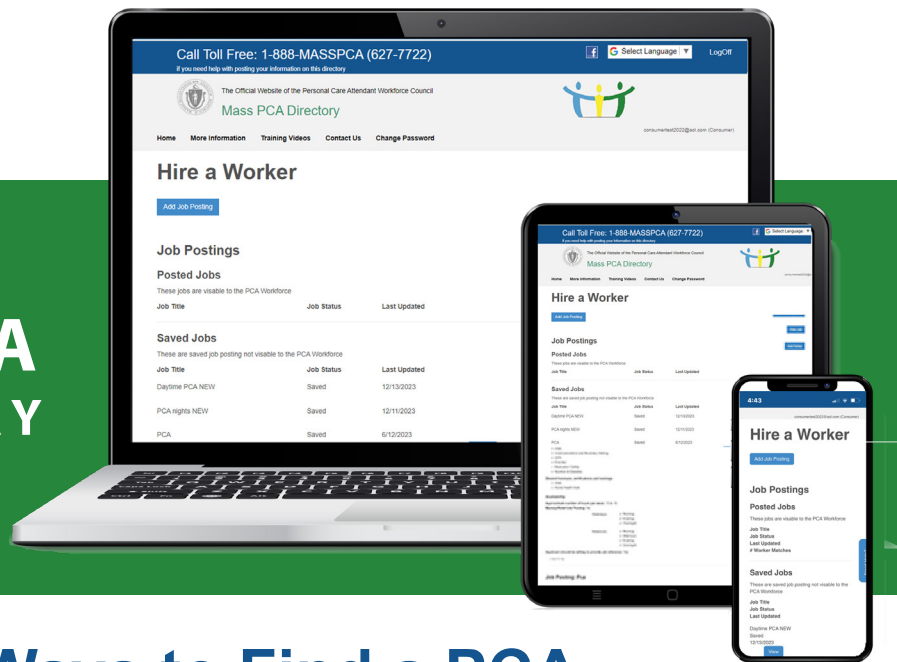
Review the FI Operations Handbook	
<input type="checkbox"/> Read the " <i>FI Operations Handbook</i> " <input type="checkbox"/> Understand "Who May Not Be a PCA" on page 2 of the handbook	
Complete New Hire Paperwork (NHP)	
Confirm that all required PCA forms have been submitted* to Tempus FI, including: <input type="checkbox"/> PCA/DCW Provider Information Form <input type="checkbox"/> PCA Provider Agreement <input type="checkbox"/> Form I-9 <input type="checkbox"/> Employment Authorization Documents <input type="checkbox"/> Form W-4	<input type="checkbox"/> Direct Deposit* or Debit Card Application <i>*Voided check or typed bank letter required for Direct Deposit</i>
*For faster and more efficient processing utilize <i>PaperWorkr</i> . 	
Complete Action Steps for EVV	
<input type="checkbox"/> Review the EVV training materials provided by Tempus. <input type="checkbox"/> Ensure required EVV setup steps are completed by both the Consumer and PCA	

These steps complete the hiring process and must be done before the PCA can start working. A PCA should not begin working or submitting timesheets until both the Consumer and PCA are active. Once a PCA becomes active, the Consumer and PCA will be notified via email and confirmation letter mailed to the PCA.

The Mass PCA Directory
has more PCAs than ever!



**MASS PCA
DIRECTORY**



The Best Ways to Find a PCA

1

Post Your Job.

PCAs use the directory to search for jobs that are posted.

2

Search for PCAs.

PCAs create a profile with their availability, skills, location and more.

[MassPCADirectory.org](https://www.masspcadirectory.org)

My Personal Care Management (PCM)

Agency: _____

Contact Info: _____

My Skills Trainer

Name: _____

Contact info: _____

Fill in this form and keep it with your important papers.

Your Personal Care Management agency (PCM) and skills trainer can help when hiring a new PCA.

If you have any questions about how to manage your program, or do not have access to a computer, contact your skills trainer.

Call **888-627-7722** if you have questions about the Mass PCA Directory.
Operators are available Monday - Friday from 9:00 am - 5:00 pm.



PCA Quality Home Care Workforce Council

1 Ashburton Place, 3rd Floor, Boston, MA 02108

pcacouncil@mass.gov

Employment Posters

Tempus Unlimited Fiscal Intermediary

As an employer in Massachusetts, you must post these notices in your home or give them directly to your employee so they can always see them.

What You Must Do

- Post these notices in your home or give them to your employee to keep.
- Fill in any employer information required.
- Keep a copy for your records

Workers' Compensation Notice (DIA)

This tells employees what to do if they get hurt while working in your home, including who your insurance company is.

Unemployment Insurance Notice (DUA)

This explains that employees may be able to get unemployment benefits if they lose their job and how to apply.

Earned Sick Time Rights

This explains that employees can earn and use sick time, when they can use it, and that they are protected from punishment for using it.

E-Verify Participation Poster

This says the employer uses E-Verify to check if someone is allowed to work in the U.S. and explains the employee's rights during that process.

Right to Work / Anti-Discrimination Poster (IER)

This explains that employees cannot be treated unfairly because of where they were born or their citizenship status.

Paid Family and Medical Leave (PFML) Notice

This explains when employees can take paid leave—such as for a new baby, illness, or caring for a family member—and what job protections they have.



NOTICE TO EMPLOYEES

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF INDUSTRIAL ACCIDENTS



IF YOU ARE INJURED ON THE JOB:

- **Immediately notify your employer that you have been injured.**

Employer HR/Workers' Compensation Contact

Phone Number

- **Tell the medical provider that you have been injured at work and give the information below:**

Insurance Carrier

Address

Phone Number

Atlantic Charter Insurance Company

PCA, 25 New Chardon Street, Boston, MA 02114

(617) 488-6500

Employer

Address

- **If the employer fails to report the injury to the insurer, the employee may file an Employee's Claim (Form 110).**
- **Additional information regarding your rights and eligibility for benefits pursuant the Workers' Compensation law may be obtained by contacting the Department of Industrial Accidents at 617.727.4900 or visiting www.mass.gov/dia.**

IF MEDICAL TREATMENT IS NEEDED:

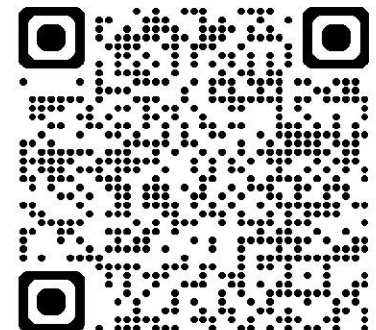
Injured workers may select their own medical provider. Medical treatment costs that are reasonable, necessary, and related to the work injury will be paid by the above-named insurer.

If medical facility information is provided below, the above-named insurer has a preferred provider arrangement and the insurer has arranged for your initial treatment at:

Medical Facility:

Address:

Phone Number:





Information about Employees' Unemployment Insurance Coverage

Employer's name

Employer's DUA ID Number

Employer's Address

Employees of this business or organization are covered by Unemployment Insurance (UI), a program financed entirely by Massachusetts employers. No deductions are made from your salary to cover the cost of your Unemployment Insurance benefits.

If you lose your job, you may be entitled to collect Unemployment Insurance. Outlined below is the information you need in order to apply for Unemployment Insurance (UI) benefits. Your employer must give you a copy of the pamphlet: *How to File a Claim for Unemployment Insurance Benefits*, within 30 days of your last day of work. This pamphlet is provided to your employer by the Massachusetts Department of Unemployment Assistance (DUA).

You must be in the United States, its territories, or Canada when filing a claim or certifying for weekly UI benefits.

There are two ways to apply for UI Benefits:



Apply online at mass.gov/unemployment-insurance-ui-for-workers

To file a claim online, you must create a **MyMassGov** personal account at mass.gov/how-to/register-for-a-mymassgov-personal-account. Then go to the **Unemployment Services** website at <https://unemployment.mass.gov/Claimants/> and login using your **MyMassGov** account. **Unemployment Services for Workers** is a secure, easy to use, self-service system. You can apply for benefits, reopen an existing claim, request weekly benefit payments, check your claim status, sign up for direct deposit, update your address, and even file an appeal online. To apply for benefits online, visit mass.gov/unemployment-insurance-ui-for-workers, and complete the required information to submit your application.



Apply by calling the TeleClaim Center

Unemployment Insurance services are available by phone. You can apply for Unemployment Insurance benefits, reopen a current claim, obtain up-to-date information on the status of your claim and benefit payment, resolve problems, and sign up for direct deposit, all by phone. To apply for benefits by phone, call the TeleClaim Center at **1-(877) 626-6800**. You will be asked to enter your Social Security Number and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

This document contains important information. Please have it translated immediately.

В данном документе содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

Tài liệu này có chứa thông tin quan trọng. Vui lòng dịch tài liệu này ngay.

Questo documento contiene informazioni importanti. La preghiamo di tradurlo immediatamente.

Este documento contém informações importantes. Por favor, traduza-lo imediatamente.

Docikman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi l touswit.

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

ខេត្តសានសេប៊ីនី ប័ណ្ណប្រើប្រាស់សំខាន់ៗ រក្សាទុក។ ខេត្តសានសេប៊ីនី ប្រើប្រាស់សំខាន់ៗ រក្សាទុក។

ឯកសារនេះមាននូវព័ត៌មានដ៏សំខាន់ ។

សូមបកប្រែវាជាបន្ទាន់ ។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.

此文件含有重要信息。請立即找人翻譯。

تحتوي هذه الوثيقة على معلومات هامة. يرجى ترجمتها فوراً.

IMPORTANT: Massachusetts General Law, Chapter 151A, Section 62A requires that this notice be displayed at each site operated by an employer, in a conspicuous place, where it is accessible to all employees. It must include the name and mailing address of the employer, and the identification number assigned to the employer by the Department of Unemployment Assistance. An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. For hearing-impaired relay services, call 711. mass.gov/dua

EARNED SICK TIME

Notice of Employee Rights

Who Qualifies?

All employees in Massachusetts can earn sick time.

This includes full-time, part-time, temporary, and seasonal employees.

How is it Earned?

- Employees earn 1 hour of sick time for every 30 hours they work.
- Employees can earn and use up to **40 hours per year**
- Employees with unused earned sick time at the end of the year can rollover up to 40 hours.
- Employees begin earning sick time on their first day of work and may begin using earned sick time after 90 days

Can an Employer Have A Different Policy?

Yes. Employers may have their own sick leave or paid time off policy, so long as employees can use at least the same amount of time, for the same reasons, and with the same job protections as under the Earned Sick Time Law.

Job Protection

- An employee cannot be disciplined, penalized, or retaliated against for exercising their rights under the law.
- For example, employers may not assign disciplinary points to covered absences, take work hours away from an employee for calling out, or fire an employee to asserting sick leave rights.

Will it be Paid?

- If an employer has 11 or more employees, sick time must be paid.
- For employers with fewer than 11 employees, sick time may be unpaid.
- Paid sick time must be paid on the same schedule and at the same rate as regular wages.

When Can it be Used?

- An employee can use sick time when the employee or the employee's child, spouse, parent, or spouse's parent is sick or has a routine medical appointment. It can be used to address the effects of domestic violence on the employee or their child. An employee can use sick time after pregnancy loss or failed assisted reproduction, adoption, or surrogacy.
- Employees may be required to use at least one hour of sick time when absent for part of a shift.
- Using sick time for other purposes is not allowed and may result in an employee being disciplined.

Notice and Verification

- Employees must notify their employer before they use sick time, except in a emergency.
- Employers may decide how the employees notify the employer of an absence.
- An employer generally may not require a doctor's note unless the employee is absent more than 3 days in a row or uses sick time during their last two weeks of employment.

Do You Have Questions?

Call the Fair Labor Division at 617-727-3465

Visit www.mass.gov/ago/earnedsicktime



Commonwealth of Massachusetts
Office of the Attorney General
English - December 2024

The Attorney General enforces the Earned Sick Time Law and regulations. It is unlawful to violate any provision of the Earned Sick Time Law.

Violations of any provision of the Earned Sick time law, M.G.L. c. 149, § 148C, or these regulations, 940 CMR 33.00 shall be subject to paragraphs (1), (2), (4), (6) and (7) of subsection (b) of M.G.L. c. 149, §27C and to §150.

**This notice is intended to inform.
Full text of the law and regulations are available at
www.mass.gov/ago/earnedsicktime**

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



E-VERIFY IS A SERVICE OF DHS AND SSA

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IF YOU HAVE THE RIGHT TO WORK



DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b.](#)

The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

Immigrant and Employee Rights Section (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/ier

IER@usdoj.gov



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.



SI USTED TIENE DERECHO A TRABAJAR



NO DEJE QUE NADIE SE LO QUITTE

Si usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 1324b del Título 8 del Código de los EE. UU.](#)

Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER, por sus siglas en inglés\)](#) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

www.justice.gov/crt-espanol/ier

IER@usdoj.gov



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019





Paid Family and Medical Leave (PFML)

Available Leave

Covered individuals may be entitled to family and medical leave for the following reasons:

- up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, to care for a family member with a serious health condition, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Benefits

To fund PFML benefits, employers may deduct payroll contributions of up to 0.46% (adjusted annually) from a covered individual's wages or other earnings. A covered individual's average weekly earnings will determine his or her benefit amount, for a maximum weekly benefit of up to \$1,170.64 (adjusted annually).

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual eligible for PFML benefits if they are:

- covered by unemployment insurance in Massachusetts and paid wages by a Massachusetts employer; or
- a self-employed individual who resides and works in Massachusetts and chooses to opt-in to the program; and
- has earned at least 30 times the expected benefit and at least \$6,300 (adjusted annually) in the last four completed quarters preceding the application for benefits.

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to former employees, independent contractors, or self-employed individuals.

Health Insurance

Employers must provide for, contribute to, or otherwise maintain the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

Name of Private Insurer: _____ Private plan is for: Medical Family Both

Address: _____ Phone: _____

City, State & Zip Code: _____ Website: _____

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times his or her lost wages.

If you have questions or concerns about your PFML rights, call:

(833) 344-7365 or visit: <https://www.mass.gov/DFML>

This notice must be posted in a conspicuous place on the employer's premises.

**2025 Poster
Revised 10/2024**