

Paid Sick Leave in The U.S.: Summary



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EXECUTIVE SUMMARY

Access to paid sick leave in the United States is highly uneven. Although some employers provide paid sick leave as part of employment, many American workers do not receive paid sick leave as part of their benefits package. This brief provides background on paid sick leave in the U.S., reviews state and local paid leave programs, and summarizes findings from two national surveys on access to paid leave in the U.S.

OVERVIEW OF OUTCOMES OF PAID SICK LEAVE IN THE UNITED STATES

Research concerning workers with and without paid sick leave in the U.S. examines both health and economic outcomes. A meta-analysis examining the relationship between paid sick leave and preventative medicine suggests that workers with paid sick leave are more likely to make long-term investments in their health, including getting a flu vaccine or seeking medical care.¹ Individuals with paid sick days were more likely to receive preventative care including Pap tests, breast cancer screenings, and dental visits, as well as being more likely to talk to a doctor, and less likely to use emergency care.²

Workers with paid sick leave appear to make use of those sick days to receive medical care when they or their families need it, especially at higher income levels. Having paid sick leave increases a worker's likelihood of taking between 1 and 2 days off per year, and decreases the likelihood of delaying medical care for themselves or their family members;³ —the poorest workers without paid sick leave and health insurance are most likely to delay or forgo healthcare.⁴ Taking days off when sick can reduce the potential spread of influenza-like illnesses.^{5,6} Additionally, a workplace culture that discourages coming in while sick is effective in reducing the number of days worked while ill.⁷

Economists typically conceptualize benefits like paid sick leave as comparable to a small increase in the minimum wage, since it implies an increase in the cost of employing a worker.⁸ An examination of two state programs and one national program calculated a range of potential costs from 0.1% of payroll (based on Vermont's relatively conservative program) to 0.29% (based on San Francisco's relatively generous program).⁹ These costs may be further distributed among consumers, in the form of higher prices; workers, in the form of less generous compensation packages; and employers, in the form of lower profits.¹⁰ The portion of the cost that does fall on workers may express itself as reductions in wages and benefits, and reduced hours or hiring. It is worth noting that any of these effects may be reduced or countered entirely by the projected positive outcomes of reduced presenteeism of sick workers who may be contagious, less productive, and more likely to be injured on the job, requiring worker's compensation.

For more information on the costs and benefits of paid sick leave, see the full report ([here](#)).

OVERVIEW OF STATE AND LOCAL PAID SICK LEAVE PROGRAMS IN THE U.S.

Since 2007, 18 states and nearly as many cities have passed laws requiring employers to provide paid sick leave.^a Although the wave of paid sick leave mandates was slow to start, with only five states passing paid sick leave laws from the first voter initiative in 2007 and through 2015, the remaining 13 were passed in the last six years.¹¹ In some cases, including Wisconsin and Texas, local efforts to pass paid sick leave have been preempted by their state governments. For greater detail on state and local program variation see Table A1.

The most common rate for a paid sick leave program with a single rate of accrual is one hour earned for every 30 hours worked. The average rate is a little higher, approximately one hour of leave earned for every 33 hours worked. Most programs require workers to wait for a set period after the start of employment before they can use their accrued days. This number ranges from 30 calendar days to one year, though 90 days is the most common requirement.

These state and local plans vary widely in terms of which employers are mandated to provide paid sick leave, the amount of time workers can take off, and the reasons leave can be used (e.g., personal illness, to care for a family member). All the state and city paid sick leave programs listed in Table A1 allow employees to take time off for their own illness or to care for an ill family member. All but six allow time off to seek help in the wake of domestic violence. Nearly half allow use of the time when a public health official closes a workplace for health reasons.

NATIONAL LANDSCAPE OF PAID SICK LEAVE

Two long-published, high-quality surveys conducted by the federal government – the National Health Information Survey (NHIS) administered by the Centers for Disease Control and Prevention (C.D.C.) and the National Compensation Survey (NCS) directed by the U.S. Bureau of Labor Statistics – depict the national landscape of access to paid sick leave.

The NHIS is an annual survey that collects information about illness, insurance and health care access, and health services in the United States. Typically conducted through in-person interviews, the survey was modified during the COVID-19 pandemic to be a telephone-only survey for the second quarter (Q2) of 2020 and telephone-first for Q3-Q4 of 2020. These modifications reduced the response rate and skewed toward respondents that were relatively older and more affluent. The questions cover general health, specific categories of physical and mental health issues, health insurance coverage and

^a States with mandates include Arizona, California, Colorado, Connecticut, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Washington, and Washington, D.C. Cities and counties with mandates include Chicago; Cook County, Illinois; Minneapolis; Philadelphia; Pittsburgh; Duluth; San Francisco; San Diego; San Antonio; Dallas; Oakland; Emeryville; New York City; Austin; Berkeley; Saint Paul; Seattle; and Montgomery County, Maryland. Some mandates overlap because cities passed mandates before their state did so.

utilization, access to care, work, home, and personal information, and information on income and food security. The NHIS provides the broadest view of who has access to paid sick leave in the United States.

Below we present NHIS data from 2019, 2020, and 2021 to show the percentage of workers with access to paid sick leave by demographic, health, and occupational characteristics and region and urbanicity. It is important to note that *the NHIS does not account for how workers come to have access to paid leave*. For instance, access may be due to a local mandate or a private employers' benefit package for employees. In 2020, access could have been due to the Family First Coronavirus Response Act of 2020 (FFCRA), which expanded access to paid sick leave and paid family and medical leave for reasons specifically related to COVID-19. *The NHIS also does not account for access to paid leave through this policy mechanism (i.e., FFCRA)*. Therefore, it is not possible to explain differences between access to paid leave between years on the basis of how workers come to have access in the first place.

For the analyses that follow, access to paid sick leave was determined with the question: "Regarding your job or work last week, is paid sick leave available if you need it?" The question was asked of adults 18 years of age and older "who were working last week, or who were not working because they were temporarily absent or performed seasonal work, contract work, or worked at a job or business but not for pay." The sample of workers characterized in Tables 1 through 4 includes employees of private companies and federal, state, and local government employees and excludes self-employed individuals and those working without pay for a family farm or business.

As shown in Table 1, in 2019, 62% of U.S. workers had access to paid sick leave and, in 2020, 73% and in 2021, 66% of workers had access to paid sick leave. Further examination of the demographic characteristics of workers with access to paid sick leave indicates that paid sick leave is not equally available to all workers. By sex, there are virtually no differences in access within year; in 2019, 62% of both males and females had access to paid leave and, in 2020, 73% of males and 72% of females, and in 2021, 67% of males and 66% of females reported paid sick leave. Greater variation emerges by ethnicity and race with Hispanic workers having lower access in all three years than non-Hispanic workers and Asian workers having the highest access in the time period, compared with American Indian/Alaska Native workers, who had the lowest access (72%, 78%, and 73% versus 56%, 70%, and 55% respectively). Rates of access to paid leave fluctuate modestly within year among Black, White, and other race/multi-race workers, and range in 2019, from 61% to 64%, in 2020, from 72% to 74%, and in 2021, from 67%-68%.

Table 1 shows more pronounced variation in access to paid leave when considering educational attainment, citizenship status, and family income. For all three years, access to paid leave was lower among those with a high school diploma or less when compared to those with some college or more. Additionally, in 2019, 47% of workers without U.S. citizenship did not have paid sick leave; in 2020, this percentage rose to 58% and remained the same in 2021. NHIS data from both 2019 and 2020 also indicate that access to paid leave increases as family income increases, data was unavailable for 2021. For instance, in 2019, 40% of families earning \$34,999 or less annually had paid leave compared to 72% of families earning \$100,000 or more.

Table 1: Percentage of U.S. Workers with Sick Leave Availability ^a by Demographic Characteristics (NHIS)			
	2019	2020	2021
Demographic Characteristics	Percentage with Paid Sick Leave	Percentage with Paid Sick Leave	Percentage with Paid Sick Leave
Workers ^b	62%	73%	66%
Sex			
Male	62%	73%	67%
Female	62%	72%	66%
Ethnicity			
Hispanic	54%	65%	61%
Non-Hispanic	64%	75%	68%
Race			
American Indian/Alaska Native only	56%	70%	55%
Asian only	72%	78%	73%
Black/African American only	64%	72%	67%
Other (American Indian/Alaska Native and other group, other single and multiple races)	64%	74%	68%
White only	61%	73%	67%
Education			
High school graduate or less	51%	60%	56%
Some college or more	68%	79%	72%
U.S. Citizenship			
Not a U.S. citizen	47%	58%	58%
Family Income			
\$0 to \$34,999	40%	46%	UN
\$35,000 to \$49,999	52%	65%	UN
\$50,000 to \$74,999	63%	72%	UN
\$75,000 to \$99,999	70%	78%	UN
\$100,000 or greater	72%	83%	UN

2019 N= 18,591

2020 N= 15,182

2021 N= 17,908

^a Paid sick leave access determined with, “Regarding your job or work last week, is paid sick leave available if you need it?” Question asked of adults 18+ “who were working last week, or who were not working because they were temporarily absent or performed seasonal work, contract work, or worked at a job or business but not for pay.”

^b Includes employees of private companies, federal government employees, state government employees, and local government employees and excludes self-employed individuals and those working without pay for a family farm or business

Table 2 presents access to paid leave for U.S. workers by region and urbanicity. In all three years, workers in the West and the Northeast had the greatest access to paid sick leave (66%, 78%, and 70% and 66%, 75%, and 69% respectively) and those in the Midwest and the South had the lowest access (60%, 70%, and 66% and 59%, 70%, and 63% respectively). In all three years, residents of counties within metropolitan statistical areas, defined by the federal Office of Management and Budget as urban areas with a population of at least 50,000 people, were more likely to have paid sick leave than residents living in regions defined as rural (63%, 74%, and 67% versus 56%, 65%, and 61% respectively).¹²

Table 2: Percentage of U.S. Workers with Paid Sick Leave Availability by Geography (NHIS)			
	2019	2020	2021
	Percentage with Paid Sick Leave	Percentage with Paid Sick Leave	Percentage with Paid Sick Leave
Workers	62%	73%	66%
County Type			
Metropolitan	63%	74%	67%
Non-metropolitan	56%	65%	61%
Region			
West	66%	78%	70%
Northeast	66%	75%	69%
Midwest	60%	70%	66%
South	59%	70%	63%

Table 3 presents access to paid sick leave and select health-related measures of U.S. workers who participated in the NHIS. NHIS respondents' self-reports of health status in all three years indicate that workers who report fair or poor health are less likely to have access to paid sick leave than workers who report their health as good, very good, or excellent. Also, workers with health insurance were also more likely to have access to paid sick leave than workers without health insurance. Similar to NHIS shortcomings regarding how workers come to have access to paid sick leave, the NHIS also does not account for how workers have access to health insurance (e.g., through employment, through publicly funded programs). Nonetheless, it is not surprising that access to paid sick leave for individuals with health insurance is slightly higher than overall access for workers (in 2019, 67% versus 62%, respectively) because employers who provide health insurance may also be more likely to provide access to paid sick leave.

Table 3 also includes access to paid sick leave and NHIS respondents' self-reports of their thoughts and behaviors concerning health care. In all three years, access to paid sick leave was higher among those who reported no worries about medical bills (66%, 76%, and 70% versus 58%, 70%, and 62% respectively). Those NHIS respondents who reported delaying or skipping medical care because of costs had lower access to paid sick leave than either of the respondent groups previously described (45%, 58%, and 68%). Combined with the disparities in access to paid leave among workers with and without health insurance, these descriptive findings about reluctance to utilize health care point to the importance of access to paid sick leave as a vital feature of the health care ecology. We cannot speculate on the inter-relations among access to paid sick leave, access to health insurance, and ability to address one's health care needs without emotional and financial worry but it seems likely that they are inter-related in expected ways. That is, not having access to health insurance and paid sick leave will

make a person more likely to delay seeking health care because of the trade-offs between paying out for health care and losing income due to missing work.

Table 3: Percentage of U.S. Workers with Paid Sick Leave Availability by Health Characteristics (NHIS)			
	2019	2020	2021
Employee Health Characteristics	Paid Sick Leave is Available	Paid Sick Leave is Available	Paid Sick Leave is Available
Workers	62%	73%	66%
Self-Described Health			
Good, very good, or excellent	63%	73%	67%
Fair or poor	51%	63%	56%
Health Insurance			
Insured	67%	77%	70%
Uninsured	30%	41%	41%
Thoughts and Behaviors about Health Care			
Not at all worried about medical bills	66%	76%	70%
Very or somewhat worried about medical bills	58%	70%	62%
Delayed or skipped medical care due to cost	45%	58%	68%
Caregiving Responsibilities			
At least one child in the home	62%	72%	68%
At least one person older than 65 in home (respondents 65 and under)	59%	69%	65%
Social Distancing Measures in Effect at Workplace			
Yes	N/A	74%	69%
No	N/A	45%	37%

Also shown in Table 3, in 2019, 2020, and 2021 access to paid sick leave among those with child and older-adult caregiving responsibilities did not vary considerably from the overall rate of access to paid sick leave for workers. For those with at least one child at home, access was 62% in 2019, 72% in 2020, and 68% in 2021, and for respondents 65 years or younger with at least one adult older than 65 in the home, access to paid leave was 59% in 2019, 69% in 2020, and 65% in 2021.

In 2020 and 2021, the NHIS asked a set of employment-related questions associated with COVID-19. Of interest here are the findings about access to paid sick leave and the presence of social distancing measures in effect at the workplace. As presented in Table 3, for respondents who reported social distancing measures at their workplace, in 2020, 74% and in 2021, 69% had access to paid sick leave versus 45% in 2020, and 37% in 2021, who reported no social distancing measures in effect at their workplace. The presence of social distancing measures at work is an interesting proxy for occupational category of work performed; Table 4 presents access to paid sick leave by occupational category in 2020 and 2021 (comparable data from 2019 were not available).

As shown in Table 4, the level of access to paid sick leave varies widely between and within different occupational categories. The percentage of workers with the uniformly highest access to paid sick leave is among Management, Professional, and Related Occupations (ranging from 76% to 91% in 2020 and 74% to 86% in 2021). For those in Service Occupations, access to paid sick leave fluctuates from lows of 42% in 2020 and 34% in 2021 among workers in personal care and service and food preparation and serving-related, to highs of 86% in 2020 and 78% in 2021 for workers in protective service and community social services. Similar fluctuations in access to paid sick leave emerge in Health Care Occupations, Arts and Sciences Occupations, and Physical Occupations. Interestingly, some of the occupations with the lowest levels of access to paid sick leave include those with an elevated level of contact with the public, such as personal care and service – which includes the sub-category of childcare workers – and food preparation and serving. This fact poses a special concern as workers in public-facing occupations are more likely to be infected and unknowingly spread contagious disease.¹³

Table 4: Percentage of U.S. Workers with Sick Leave Availability by Occupations of U.S. Workers (NHIS, 2020 only)		
	2020	2021
Employee Occupation	Paid Sick Leave is Available	Paid Sick Leave is Available
Workers	73%	66%
Management, Professional, and Related Occupations		
Architecture and engineering	91%	86%
Computer and mathematical occupations	91%	86%
Legal	91%	82%
Business and financial operations	89%	80%
Management	87%	78%
Office and administrative support	76%	74%
Service Occupations		
Community and social services	86%	78%
Protective service	80%	78%
Sales and related	69%	59%
Building and grounds cleaning and maintenance	58%	48%
Personal care and service	43%	34%
Food preparation and serving related	42%	38%
Production Occupations		
Production	68%	66%
Health Care Occupations		
Healthcare practitioners and technical	82%	80%
Healthcare support	59%	57%
Arts and Sciences Occupations		
Life, physical, and social science	89%	74%

Education, training, and library	86%	77%
Arts, design, entertainment, sports, and media	69%	47%
Physical Occupations		
Installation, maintenance, and repair	74%	65%
Transportation and material moving	59%	58%
Construction and extraction	48%	40%
Farming, fishing, and forestry	38%	45%

As shown in Table 5, the U.S. Bureau of Labor Statistics' National Compensation Survey (NCS) revealed different estimates of American workers' access to paid sick leave than the NHIS results reported above.¹⁴ The NHIS indicated 66% (2021) of all U.S. workers have access versus 79% of all workers in the NCS. This difference in access to paid sick leave could be due to two factors. First, the C.D.C. and the U.S. Bureau of Labor Statistics survey different populations. The NCS gathers data directly from employers, rather than the general public, as the C.D.C.'s NHIS does. This approach is a unique characteristic of the NCS methodology because it yields employer reports of workplace characteristics not captured by the NHIS, such as workplace size. A second reason discussed later in this report is that a disconnect can exist between the availability of paid sick leave at a workplace and workers' knowledge of and ability to use the benefit.

Table 5: Employer Reports of Access to Paid Sick Leave (NCS, March 2021)	
Employee Characteristic	Percentage with Paid Sick Leave
All workers	79%
Occupation Type	
Management, professional, and related occupations	93%
Service occupations	63%
Production occupations	73%
Work Schedule	
Full-time	89%
Part-time	48%
Income	
Lowest ten percent	35%
Highest ten percent	95%
Workplace Size	
1 to 49 workers	68%
500 workers or more	92%

Also shown in Table 5 and similar to the NHIS, employer reports indicate that access to paid sick leave is highest among management, professional, and related occupations (93%) and lowest among service occupations (63%). Part-time employed workers have lower access than full-time workers (48% versus 89%) and those employed by large employers (500 or more workers) have higher access than those employed in small workplaces (1 to 49 workers), (92% versus 68%).

SUMMARY

Access to paid sick leave in the U.S. is uneven. While research indicates a variety of health benefits for individuals with access to paid leave, only 18 states have paid sick leave programs, and there are no national paid leave programs.

The NHIS data indicate some variation in access to paid sick leave on the basis of ethnicity and race and virtually none on the basis of sex. Hispanic workers and American Indian/Alaska Native workers have the lowest access to paid sick leave

followed by Whites, Blacks, and other races and multiple races. Asian workers have the highest access. Issues of equity in access to paid leave are most apparent in worker characteristics such as educational attainment, the occupation one holds, the number of hours worked per week, and various measures of household income. It is these factors that show the greatest disparity in access to paid sick leave in the national estimates from NHIS. Less educated workers, those in service occupations, workers living in households with the lowest income, and part-time workers all have less access to paid leave.

Table A1:
State and Local Paid Leave Programs

	Top Cap	Middle Cap	Bottom Cap	Top Rate	Middle Rate	Bottom Rate	1st Size Cutoff	2nd Size Cutoff	Waiting Period	Own Health	Family Health	Dom. Violence	Health Closure	Weather Closure	Bereavement	Parental	Any Reason
CA	24	-	-	30	-	-	-	-	90								
RI	40	-	U	30	-	-	18	-	90								
NY	56	40	U	30	-	-	100	5	0								
MA	40	-	U	30	-	-	11	-	90								
CO	48	-	-	30	-	-	-	-	0								
CT (*)	40	-	0	40	-	-	50	-	76								
ME	40	-	0	40	-	-	10	-	120								
MD	64	-	U	30	-	-	15	-	106								
MI	40	-	0	35	-	-	50	-	90								
NV	40	-	0	52	-	-	50	-	90								
OR	40	-	U	30	-	-	10	-	90								
AZ	40	-	24	30	-	-	15	-	90								
D.C.	56	40	24	37	43	87	100	25	90								
VT	40	-	-	52	-	-	-	-	365								
WA	40	-	-	40	-	-	-	-	90								
NJ	40	-	-	40	-	-	-	-	90								
NM	64	-	40	40	-	-	10	-	30								
VA (**)	40	-	-	30	-	-	-	-	0								
Chicago	40	-	-	40	-	-	-	-	180								
Cook Co.	40	-	-	40	-	-	-	-	180								
Minneapolis	48	-	U	30	-	-	5	-	90								
Philadelphia	40	-	U	40	-	-	9	-	90								
Pittsburgh	40	-	24	35	-	-	15	-	90								
Duluth	40	-	0	50	-	-	5	-	90								
San Francisco	72	-	40	30	-	-	10	-	90								
San Diego	40	-	-	30	-	-	-	-	90								
San Antonio	56	-	-	30	-	-	-	-	90								
Dallas	64	-	48	30	-	-	15	-	60								
Oakland	72	-	40	30	-	-	10	-	90								
Emeryville	72	-	48	30	-	-	56	-	30								
N.Y.C.	56	40	U	30	-	-	100	4	0								
Austin	64	-	48	30	-	-	15	-	60								
Berkley	72	-	48	30	-	-	15	-	90								
Saint Paul	48	-	-	30	-	-	-	-	90								
Seattle	72	56	40	30	40	40	250	50	90								
M.C. (***)	56	-	32	30	-	-	5	-	90								
0/3 scenario	24	-	0	30	-	-	15	-	0								
3/5 scenario	40	-	24	30	-	-	15	-	0								
5/7 scenario	56	-	40	30	-	-	15	-	0								

Rates: A rate of “30” indicates the worker earns one hour of leave for every 30 hours worked.
Size Cutoffs: The number of employees that trigger higher leave requirements.
Cap: “U” indicates that the guaranteed hours can be unpaid.
(*) Connecticut only covers service workers. (**) Virginia only covers home healthcare workers (***) Montgomery County, Maryland

¹ Lamsal, Rashmi, Krishtee Napit, Adam B. Rosen, and Fernando A. Wilson. 2021. “Paid Sick Leave and Healthcare Utilization in Adults: A Systematic Review and Meta-analysis.” *American Journal of Preventative Medicine* 60(6): 856-865; Zhai, Yusheng, Tammy A. Santibanez, Katherine E. Kahn, Carla L. Black, and Marie A. de Perio. 2018. “Paid Sick Leave Benefits, Influenza Vaccination, and Taking Sick Days Due to Influenza-Like Illness Among U.S. Workers.” *Vaccine* 36(48): 7316-7323. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6924903/>.

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- ⁷ Department of Labor. "Families First Coronavirus Response Act: Employer Paid Leave Requirements." <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>.
- ⁸ Ahn, T., & Yelowitz, A. (2015). The short-run impacts of Connecticut's paid sick leave legislation. *Applied Economics Letters*, 22(15), 1267-1272; Community Service Society. "The Impact of Paid Sick Days on Jobs: What's the Real Story?." September 2012. https://web.archive.org/web/20220228145850/https://b3cdn.net/nycss/d53aaf5763daaa089b_8bm6bluvr.pdf
- ⁹ IMPAQ International & IWPR. "Estimating Usage and Costs of Alternative Policies to Provide Paid Sick Days in the United States." January 2017. Department of Labor. <https://web.archive.org/web/20220228150939/https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/IMPAQ-Paid-Sick-Days-1.pdf>
- ¹⁰ [Community Service Society, 2012](#)
- ¹¹ Paid Family and Sick Leave in the United States. (2020). *Kaiser Family Foundation (KFF)*. <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>.
- ¹² NCHS Urban-Rural Classification Scheme for Counties. Accessed March 24, 2022. https://www.C.D.C.gov/nchs/data_access/urban_rural.htm#2013_Urban-Rural_Classification_Scheme_for_Counties.
- ¹³ Milligan WR, Fuller ZL, Agarwal I, Eisen MB, Przeworski M, Sella G (2021). Impact of essential workers in the context of social distancing for epidemic control. *PLoS ONE* 16(8): e0255680. <https://doi.org/10.1371/journal.pone.0255680>
- ¹⁴ Bureau of Labor Statistics, National Compensation Survey: Benefits. "Table 6: Selected Paid Leave Benefits: Access." [Table 6. Selected paid leave benefits: Access - 2022 A01 Results \(bls.gov\)](#) Accessed March 24, 2022.