



Earned Sick Leave in New Jersey: An Early Analysis

Report by Daniel J. Galvin • Janice Fine • Jenn Round

This memo analyzes the effects of New Jersey's Earned Sick Leave law.

Our main finding is somewhat counterintuitive: During the first year of the law's operation, the likelihood that an employee in New Jersey would be paid while absent from work for a reason covered by the law *declined* somewhat, contrary to expectations.

But as the COVID-19 pandemic ground business-as-usual to a halt, the likelihood that New Jersey employees would be paid for a covered absence *skyrocketed*—especially among hourly and part-time workers—relative to the “control” group of Pennsylvania and Delaware, two states that lack paid sick leave laws. This is a striking finding, given that absences grew at a similar pace across all three states during the pandemic and given the equal availability of paid sick leave in all states under the federal Families First Coronavirus Response Act during the early months of the pandemic.

In other words, although New Jersey's law did not appear to work as intended during its first year of operation, **New Jersey's Earned Sick Leave law was used by precisely those workers who most needed it when they need it most.**

- **Part I** presents an overview of the findings.
- **Part II** examines variation in employees' access to Earned Sick Leave over time and conducts statistical tests to verify the findings.
- **Part III** examines the variation across demographic groups.
- **Part IV** examines the variation across industries.
- **Part V** examines the variation across geographic regions (counties/Region Teams).
- **Appendices** discuss our data and methods and present detailed tables.

I. Overview

New Jersey's Earned Sick Leave law became effective on October 29, 2018 and employees first became eligible to use their accrued leave on February 26, 2019. Once workers were first able to take advantage of New Jersey's Earned Sick Leave law (March 2019)—but before the COVID-19 crisis (March 2020)—the likelihood that any given employed worker in New Jersey would be paid while absent from work for a reason covered by the law actually *declined*. The likelihood that any given worker would be absent for a reason covered under the law also *declined*. The following pages disaggregate these findings by demographic groups, industries, geographic regions, and more.

This counterintuitive finding is confirmed by difference-in-differences tests. A difference-in-differences test is a quasi-experimental before-and-after test that compares New Jersey to an otherwise similar state (in this case, we created a composite “control group” comprised of Pennsylvania and Delaware, two neighboring states that do not have earned sick leave laws, but which exhibited very similar *before* trends to New Jersey in terms of absences and paid absences). While this “control” group continued along a similar path after New Jersey's law went into effect, workers in New Jersey became *less likely* to be paid for covered absences and were *less likely* to be absent.

However, beginning in March 2020, things changed. Amid the COVID-19 pandemic, absences grew in New Jersey and in the neighboring states at roughly equal rates. But whereas in Pennsylvania/Delaware the likelihood that any given worker would be paid for a covered absence increased somewhat, the likelihood in New Jersey grew by almost 300%. What is more, the likelihood that *hourly* and *part-time workers* would be paid for a covered absence during the pandemic in New Jersey skyrocketed relative to the same workers' probability in the control group. **This suggests that New Jersey's Earned Sick Leave law was used by precisely those workers who most needed it when they need it most.**

These data do not tell us *why* the law seems to have had a deterrent effect on certain populations, industries, and in certain regions—and a positive effect on certain other sub-groups and in certain regions, as we detail in the following pages—but seemed to “work” much more effectively during the COVID-19 public health crisis. Undoubtedly, DOL officials who have first-hand knowledge and expertise will formulate workable hypotheses.

Finally, our companion report on employee misclassification offers an alternative proxy test of which employees, in which industries, are likely to face additional barriers of access to New Jersey's Earned Sick Leave law.

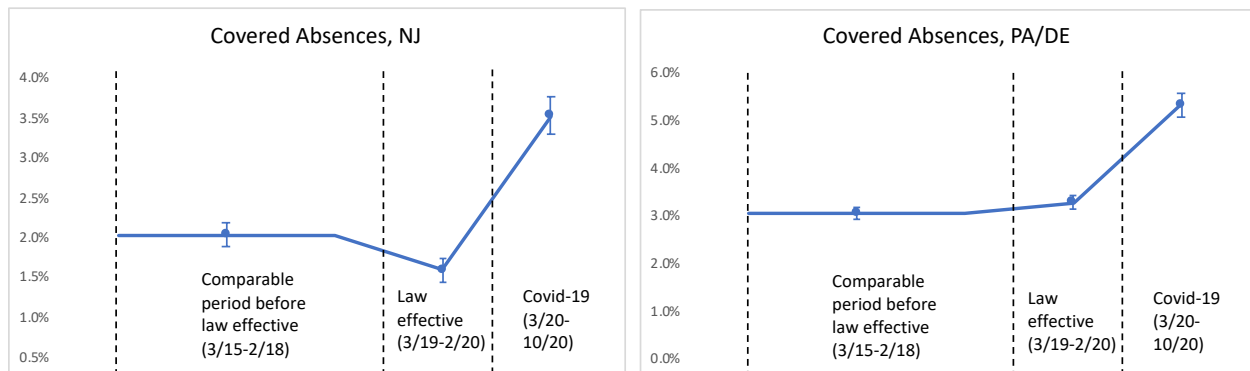
II. Variation over Time

We track changes in employee behavior over time using two variables (explained further in methodological **Appendix A**). The first asks whether employees were absent in the previous week for a reason covered under the Earned Sick Leave law. The second asks whether employees were paid for those absences.

We look at three time periods. The first is a commensurate three-year period *before* the law was effective (March 2015-February 2018). The second is the twelve-month period after the law first became effective (March 2019-February 2020). The third is the COVID-19 period, March 2020 through October 2020 (when the data ends).

The following graphs illustrate change over time in covered absences in New Jersey as compared to the neighboring states of Pennsylvania and Delaware—whose data we combined into a single composite state to use as a (nearly perfect) “control” for New Jersey.

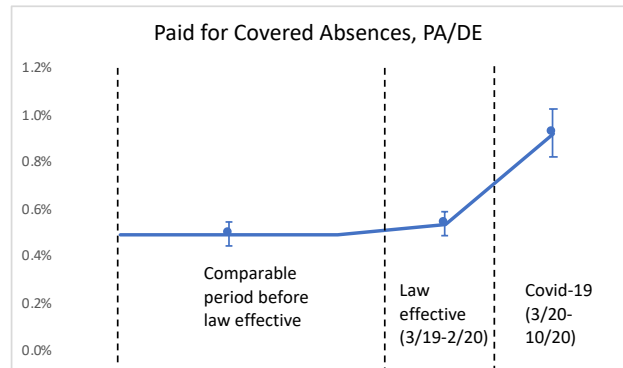
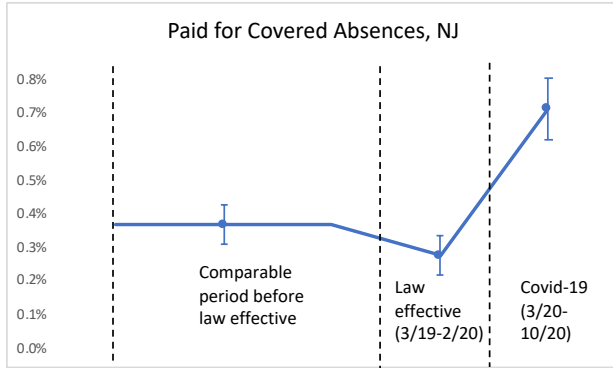
As is evident, covered absences dropped (statistically significantly¹) in New Jersey once the law became effective but remained level in PA/DE. During the pandemic, absences jumped in both states, rising 221% in NJ (from 1.6% to 3.5%) and 162% in PA/DE (from 3.3% to 5.3%).



But how many workers were *paid* while they were absent (for reasons covered under New Jersey’s new law)?

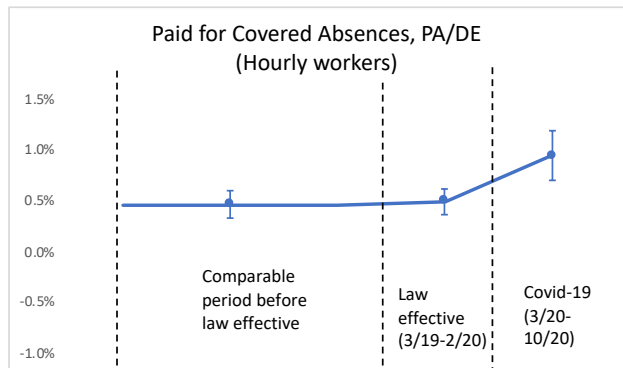
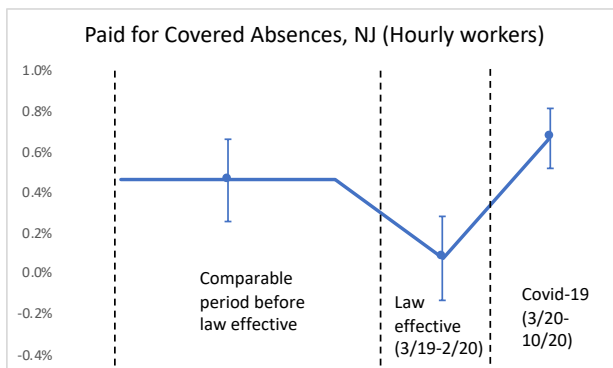
In the following graphs, we can see that whereas the share of paid absences remained stable in PA/DE during the first year of the law’s operation, it dropped slightly in New Jersey after the law became effective. But amid the pandemic, the share of paid absences jumped substantially in New Jersey (+286%) while rising a less substantial amount in PA/DE (+172% rate of change).

¹ Unless otherwise indicated, “statistical significance” indicates $p < 0.05$, or at the 95% confidence level.



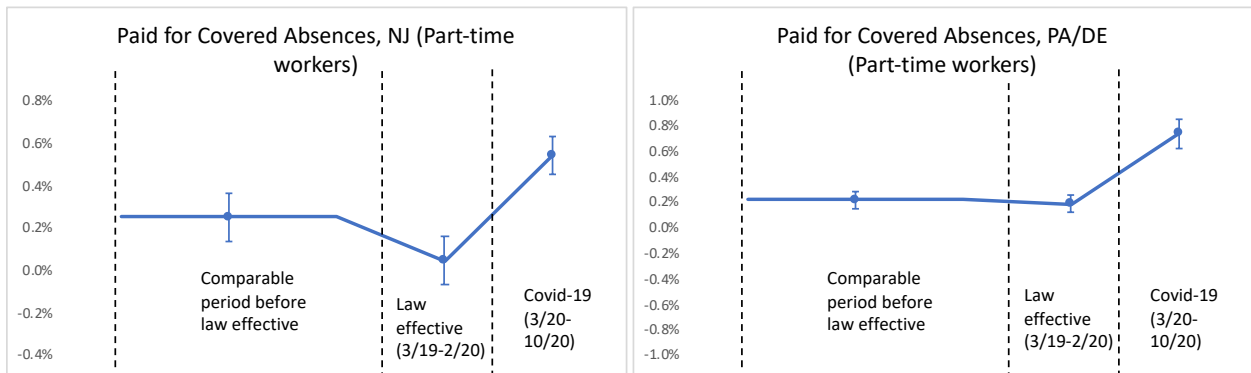
Thus far, our analyses have grouped together salaried and hourly workers, as well as those who do not indicate how they are paid—which is fine, since New Jersey’s Earned Sick Leave law applies to all workers irrespective of pay method. But given that salaried employees may be more likely to already have some form of paid sick leave from their employer, we also want to zero in on the group of respondents who self-identify as *hourly* employees.²

Looking only at **hourly workers**, the change over time is more dramatic. As shown below, hourly workers in New Jersey experienced a pronounced, statistically significant drop in their likelihood of being paid for a covered absence during the first year of the law’s operation—whereas in our “control” group of PA/DE, there was no change. During the pandemic, however, hourly workers in New Jersey clearly took advantage of the new law: their likelihood of being paid for covered absences grew by 880% (from essentially zero to 0.7%), as compared to a 198% rate of change in PA/DE (from 0.5% to 0.9%).



The effect was even more dramatic for **part-time workers**. As shown below, part-time workers in New Jersey experienced a statistically significant drop in their likelihood of being paid for covered absences during the first year of the law’s operation. Again, our “control” group of PA/DE showed virtually no change. But during the pandemic, the likelihood that part-time workers in New Jersey were paid for covered absences grew by 1200% (from essentially zero to 0.5%), as compared to a 400% rate of change in PA/DE (from 0.2% to 0.7%).

² <https://www.pewresearch.org/fact-tank/2020/03/12/as-coronavirus-spreads-which-u-s-workers-have-paid-sick-leave-and-which-dont/>

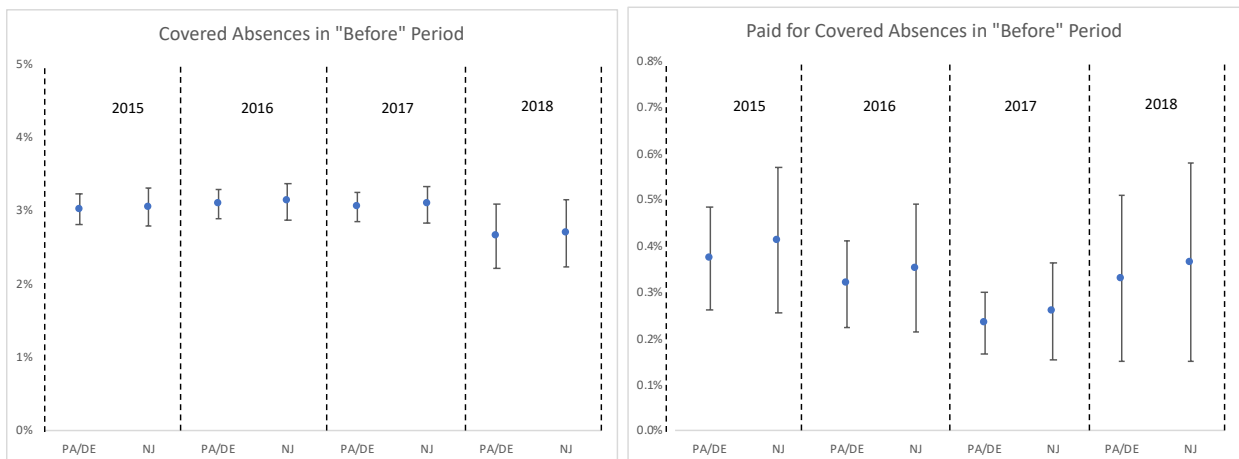


Difference-in-Differences Test

To examine these changes statistically, we implemented a difference-in-differences (DiD) test—a quasi-experimental method of analysis that compares changes in outcomes between two groups when only one of the groups is subjected to the “treatment” of interest (in this case, the “treatment” is the introduction of the Earned Sick Leave law in New Jersey but no such similar law in Pennsylvania or Delaware).

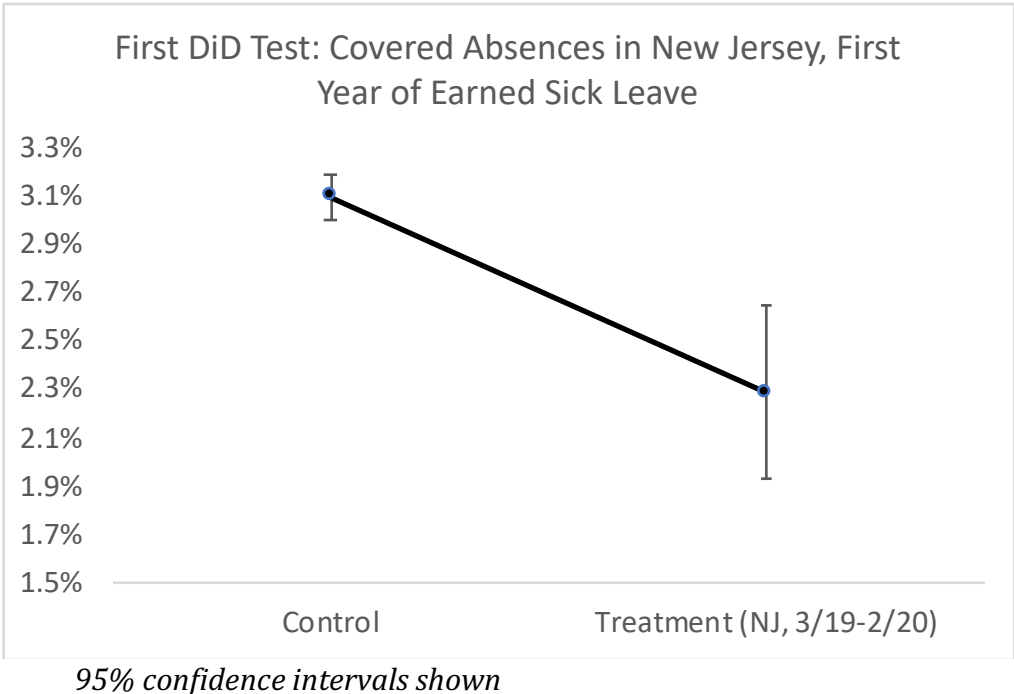
One of the key assumptions in the DiD approach is that if the “treatment” group had not received the treatment, it would have continued to trend in the same direction as the “control” group. There is no way to verify if this assumption is true—but our confidence is bolstered by comparing key outcomes for the treatment and control groups repeatedly in periods prior to the implementation of the law. If the outcome trends moved in parallel prior to the law, we gain confidence that that they would have continued moving in tandem in the absence of the “treatment” as well.

In the years prior to the implementation of New Jersey’s Earned Sick Leave law, both New Jersey and our composite Pennsylvania/Delaware neighboring state had extremely similar rates of absences and paid for covered absences, controlling for demographic characteristics, industry, local paid sick leave laws in New Jersey, and more:



Our confidence is further bolstered by the geographic proximity of the neighboring states, the presence of similar economic and social forces in both states, and our ability to statistically control for the many differences that exist between them.³ Still, the findings must be interpreted with caution. The advantage of the DiD test is that it offers a more rigorous and precise test of the law’s effects than the statistical estimates above.

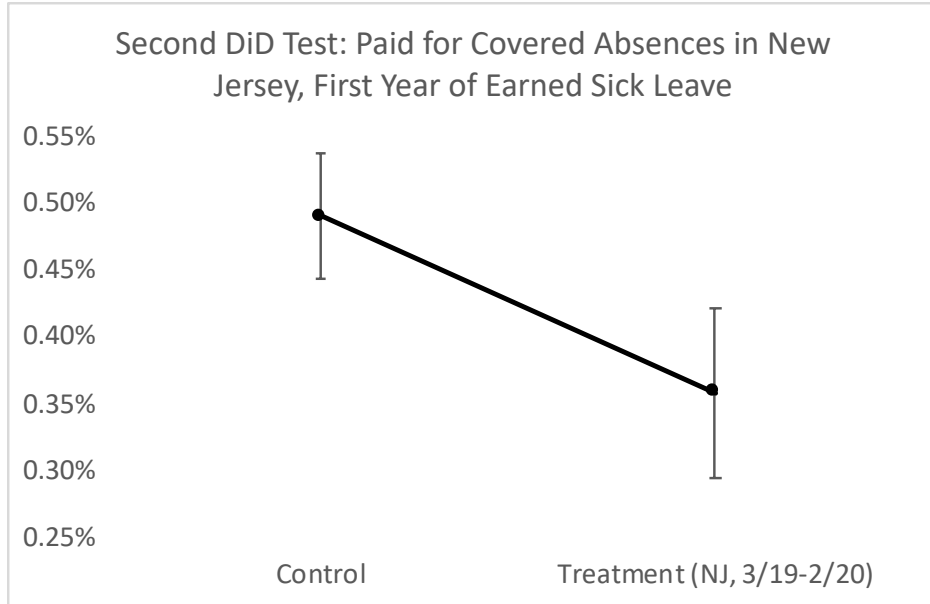
The first difference-in-differences test looks at what happened after the law was introduced during its first year of implementation (3/19-2/20).⁴ While the result is not huge in terms of the percentage-point change, it does reveal a statistically significant ***decline*** at the 95% confidence level, as illustrated below. **This suggests that the law may have had a deterrent effect on employees’ propensity to be absent from work.**



The second difference-in-differences test examines the data in the same way but looks at paid absences. The result is also a statistically significant ***decline*** at the 95% confidence level:

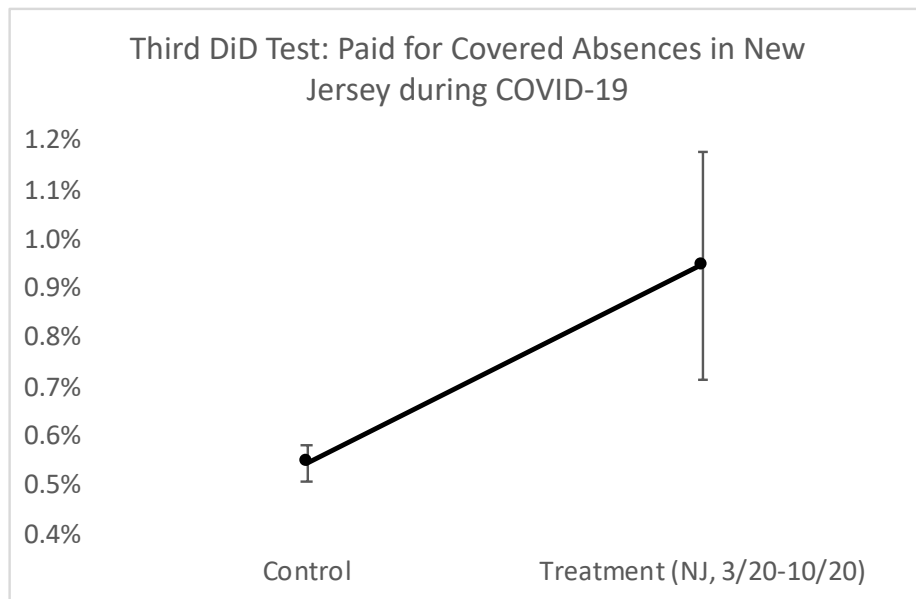
³ Controls include sex, race, age, education, citizenship, hourly, part-time, industry, and dummies for New Jersey counties in which local paid sick leave laws were implemented prior to the statewide law. These include Jersey City (Hudson County, 9/13), Newark (Essex, 5/14), East Orange (Essex, 1/15), Irvington (Essex, 1/15), Passaic (Passaic, 1/15), Paterson (Passaic, 1/15), Montclair (Essex, 3/15), Bloomfield (Essex, 6/15), Trenton (Mercer, 7/15), New Brunswick (Middlesex, 1/16), Elizabeth (Union 3/16), Plainfield (Union 7/16), Morristown (Morris, 10/16).

⁴ The test simultaneously conducts over-time and across-case comparisons, explicitly asking of the data what difference New Jersey’s law made, assuming that if the law had not been implemented, the rate of covered absences in New Jersey would have continued to trend alongside the rate of covered absences in Pennsylvania/Delaware.



95% confidence intervals shown

Noting that the law did not seem to “work” during its first year, we ran another DiD to examine statistically what happened during the pandemic, as compared to the first year of the law’s operation. In terms of covered absences, the difference between New Jersey and Pennsylvania/Delaware was indistinguishable from zero. But paid absences ***increased*** significantly in New Jersey during the pandemic, as compared to the control group. What this tells us is that **during the pandemic, the presence of the law in New Jersey clearly affected employees’ behavior, producing a marked increase in their overall use of paid sick leave.**



III. Variation by Demographic Group

These same patterns are evident across many demographic groups as well, with one important exception: **during the first year of Earned Sick Leave, Hispanic workers were more likely to be paid for covered absences.** (Those with bachelor's and advanced degrees were also more likely to be paid for covered absences, but the change was not statistically significant; the increased likelihood for Hispanic workers *was* significant.) All other demographic groups saw a decline in their likelihood of being paid while absent.⁵

The following changes were statistically significant:

First year of Earned Sick Leave (March 2019-February 2020)

Less likely to be absent:

- All workers, as a group
- U.S. citizens
- High school diploma but not a bachelor's degree

More likely to be paid for covered absences:

- Hispanic workers

During COVID-19 (March 2020-October 2020)

More likely to be absent:

- All workers, as a group
- Men
- Women
- White workers
- Black workers
- Hispanic workers
- U.S. citizens
- Under 25
- 26 to 45
- Over 65
- High school diploma but not a bachelor's degree

More likely to be paid for covered absences:

- All workers
- Men
- U.S. citizens
- 26 to 45
- High school diploma but not a bachelor's degree

⁵ The full table of results is provided in **Appendix B**.

IV. Variation by Industry

During the first year of the law's operation, no industries saw statistically significant increases or decreases in absences or paid absences. Significant shifts were evident during COVID-19, however, in the industries listed below.⁶ Sub-sectors are listed below the major industrial sectors. Full tables with point estimates are listed in **Appendix C**.

During COVID-19 (March 2020-October 2020)

Increased rate of absences in the following industries:

- Wholesale and retail trade
 - E.g., Merchant Wholesalers, Durable & Nondurable Goods
 - E.g., Motor Vehicle and Parts Dealers
 - E.g., Food and Beverage Stores
 - E.g., General Merchandise Stores
- Transportation and utilities
 - E.g., Air Transportation
 - E.g., Electric Power Generation, Transmission and Distribution
- Leisure and hospitality
 - Arts, entertainment, and recreation
 - Accommodation
 - Food services and drinking places

Increased rate of paid absences in the following industries:

- Wholesale and retail trade
 - E.g., Merchant Wholesalers, Durable & Nondurable Goods
 - E.g., Motor Vehicle and Parts Dealers
 - E.g., Food and Beverage Stores
 - E.g., General Merchandise Stores
- Educational and health services
 - Educational Services
 - Health Care and Social Assistance

⁶ As shown in **Appendix C**, manufacturing saw curious declines in covered absences in both periods. This is especially puzzling during the pandemic. While not statistically significant, we think it noteworthy.

V. Geographic Variation

We created ten regional groupings of counties and statistical areas that approximate DOL's Region Teams but are of sufficient size to generate meaningful statistical estimates.⁷

Group 1: Hudson (corresponding roughly to DOL Region Team 1A)

Group 2: Essex, Passaic (corresponding roughly to DOL Region Teams 1B, 1I, 1M, & 4I)

Group 3: Bergen (corresponding roughly to DOL Region Team 1C)

Group 4: Morris, Sussex, Warren (corresponding roughly to DOL Region Team 2A)

Group 5: Middlesex, Union (corresponding roughly to DOL Region Team 2B)

Group 6: Hunterdon, Mercer, Somerset (2C, 2I)

Group 7: Burlington, Camden, Gloucester, Salem (3A)

Group 8: Atlantic, Cape May, Cumberland, Monmouth, Ocean (3B, 3C, 3I, 4A)

Group 9: New York-Northern New Jersey-Long Island CBSA 35620 (NJ only)

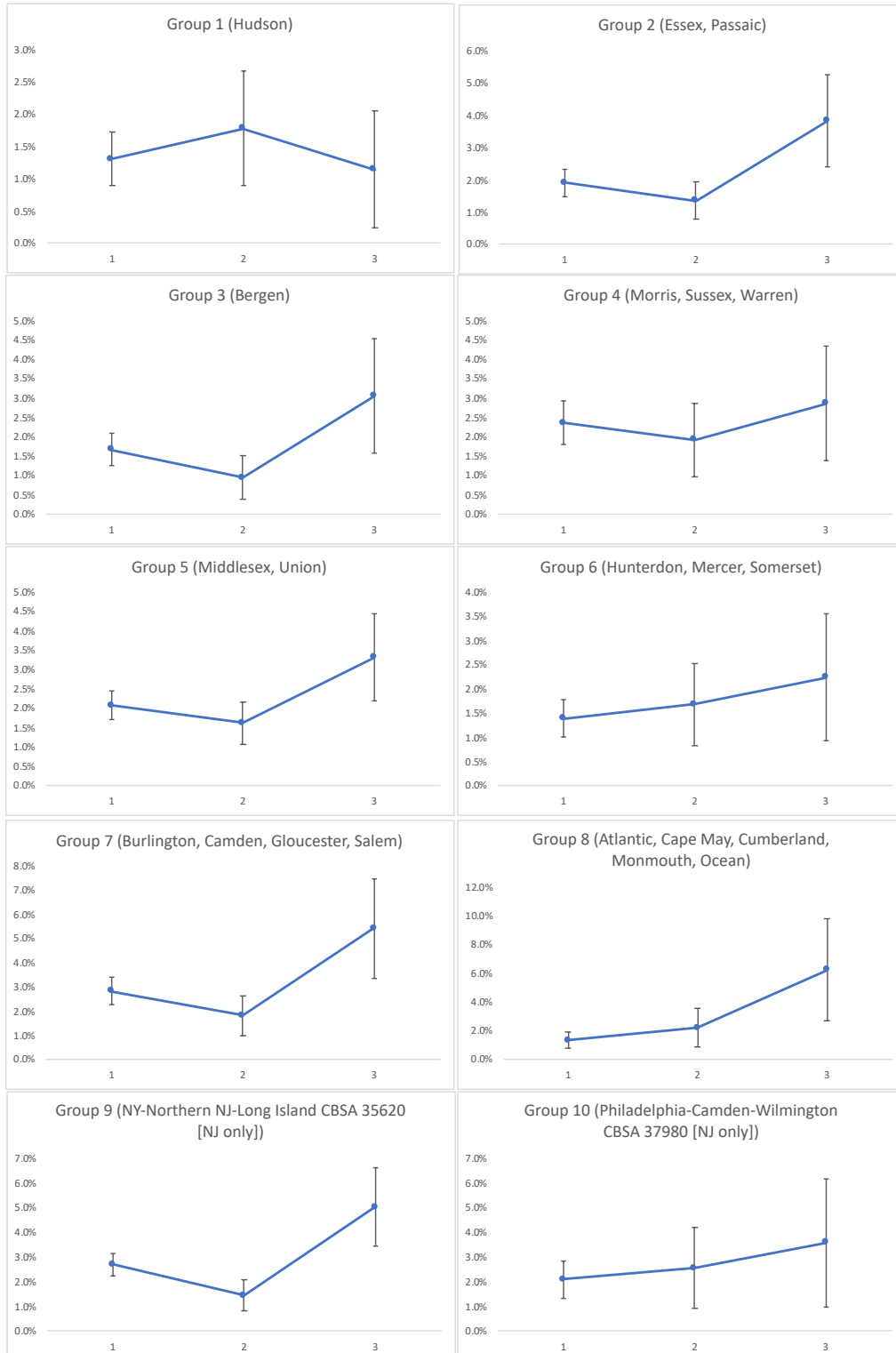
Group 10: Philadelphia-Camden-Wilmington CBSA 37980 (NJ only)

On the next page, the variation in **covered absences** across regions are illustrated graphically. In brief, we find:

- Regional groups 2, 3, 4, 5, 7, and 9 saw **declines** in absences when the Earned Sick Leave law went into effect, but only Group 9's decline was statistically significant.
 - To put this in substantive terms, Group 9's absence rate declined by 47%.
- Groups 1, 6, 8, and 10 saw **increases** in covered absences, but none were statistically or substantively significant.
- Every regional group saw **increases** in absences during COVID-19, except group 1, but these increases were only statistically significant in groups 2, 3, 5, 7, and 9. (Group 1's decline was small and not statistically significant.)
 - To put these rate increases in substantive terms:
 - Group 2's absence rate grew by 282%
 - Group 3's absence rate grew by 320%
 - Group 5's absence rate grew by 204%
 - Group 7's absence rate grew by 298%
 - Group 9's absence rate grew by 348%

⁷ Most respondents indicate their county of residence. Some are missing county identifiers but are identified by their metropolitan statistical area. A small number (2%) are missing both. Note that our accompanying memo on minimum wage violations has one fewer group due to the smaller sample size in the CPS-MORG data.

Covered Absences by Region, Periods 1, 2, and 3
(Period 1: 3/2015-2/2018. Period 2: 3/2019-2/2020. Period 3: 3/2020-10/2020.)

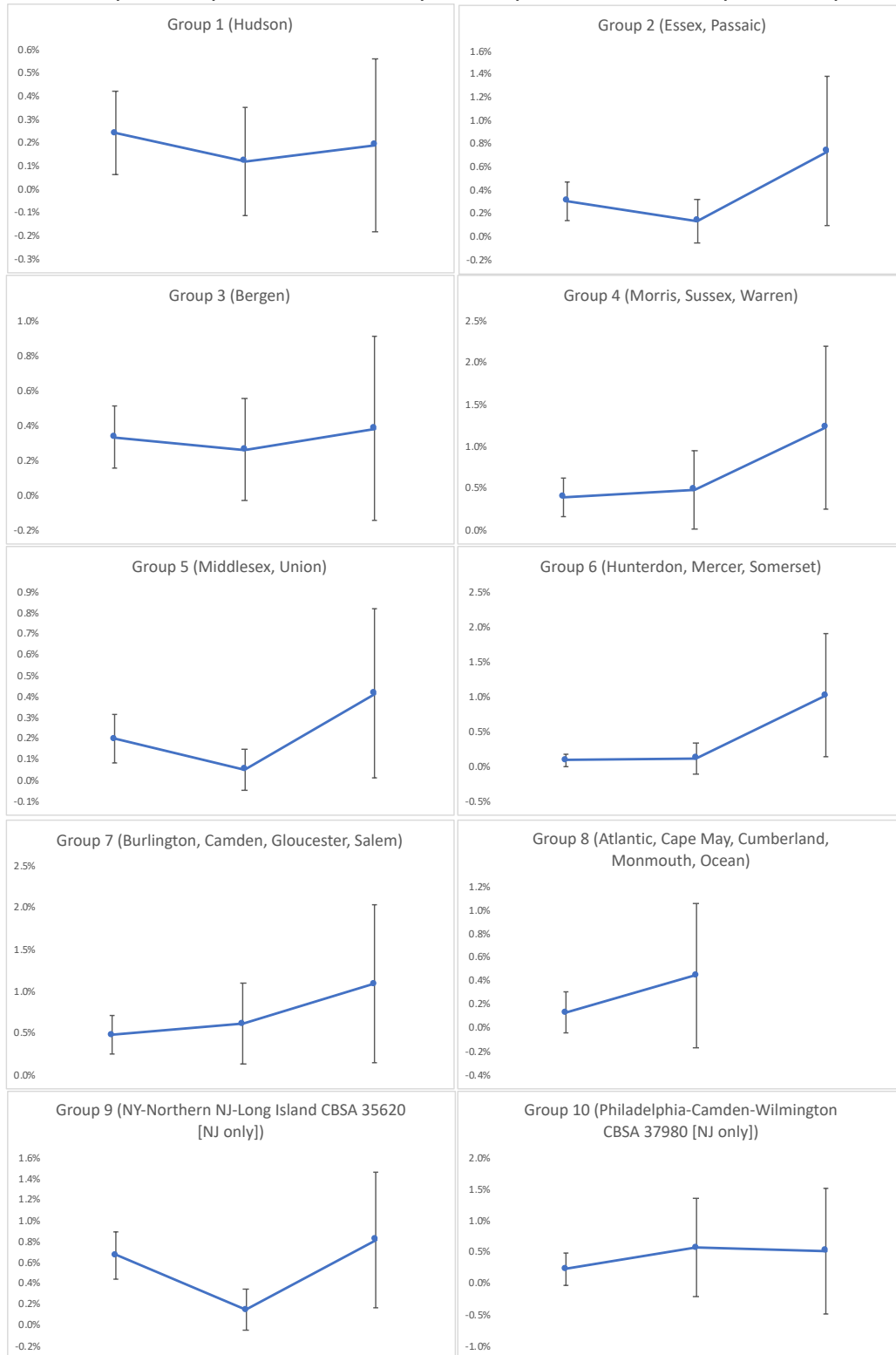


95% confidence intervals shown.

On the next page, we graph the variation in **paid absences** across regions over time. In brief, we find:

- Regional groups 1, 2, 3, 5, and 9 saw **declines** in paid absences during law's first year.
 - The only statistically significant decline was in group 9. Its rate of change was -78%.
- Workers in regional groups 4, 6, 7, 8, 10 saw **slight increases** in paid absences, but all were substantively small and none were statistically significant.
- Every regional group (except group 10, which saw no change) saw a marked **uptick** in paid absences during the pandemic, but due to the small sample size (only eight months of respondents spread out over ten regions), none of the changes are statistically significant. In group 8 there were not enough observations to generate an estimate.
- Again, the large error bars indicate that the sample size at the county level is too small to allow us to say anything reliable/meaningful about the changes during this small window of time. Still, the general pattern of the results is interesting to note.

Paid for Covered Absences by Region, Periods 1, 2, and 3
 (Period 1: 3/2015-2/2018. Period 2: 3/2019-2/2020. Period 3: 3/2020-10/2020.)



95% confidence intervals shown. Group 8 missing sufficient data in pd. 3 to generate estimate.

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About CIWO

The Center for Innovation in Worker Organization (CIWO) is a “think and do tank” launched in 2014 and housed at Rutgers SMLR. CIWO's mission is to promote strong workers' organizations and shift the balance of power towards greater economic and social equity. CIWO leverages the resources of a highly respected research university to create a centralized go-to institution for strategic and organizational development. CIWO's primary objectives are to facilitate the generation and dissemination of ideas, strategies, and programs for worker centers, community organizations, labor unions and their local, state and national networks.

Appendix A: Data and Methods

The law became effective on October 29, 2018 and employees first became eligible to use their accrued leave on February 26, 2019.

In this report, we use the Current Population Survey (CPS) Basic Monthly Data. CPS Basic Monthly data is compiled by National Bureau of Economic Research (<http://www2.nber.org/data/cps-basic2/>).

Only currently employed persons are included in our analysis. According to New Jersey law, individuals employed in the construction industry under a union contract are excluded from coverage; as such, we exclude those respondents from the dataset. As are all public employees (because we cannot distinguish between those “who are provided with sick leave at full pay under any other NJ law or rule” from those who are not). Independent contractors are also excluded. Proper survey weights are used to account for CPS method of stratification.

Note that with these data we are unable to measure the *direct* effects of the law. In other words, we cannot directly observe whether employees who needed to use their accrued sick leave were able to use it as the law intended. Nor can we directly observe whether employees were aware of their right to paid sick leave under the law, whether employers were properly granting paid time off to their workers, and so on.

Instead, we use these data as *proxy* (indirect) measures of the law’s effects. Due to the recency of the law and our efforts to disaggregate results by county, the sample size in certain portions of the report is small, reducing our statistical power and limiting our ability to draw inferences with certainty. These areas are flagged. In other areas of the report, statistical power is not a problem, and the findings are robust. We flag these areas, too. In sum, the results reported below must be interpreted with caution—as a whole, the findings are suggestive rather than conclusive and invite further inquiry.

Caveats and qualifications aside, the findings reported here are intriguing and important, and we believe they can serve as a helpful guide for the DOL as it designs forward-looking programs and strategies.

Measuring Absences and Paid Absences

Two variables from the Current Population Survey help us gauge whether employees’ behavior changed in response to New Jersey’s Earned Sick Leave law. The first, “covered absences,” tracks whether employed respondents reported being absent in the previous week for several reasons covered under the earned sick leave law – an illness, a medical appointment, caring for a child, a family or personal obligation, or another reason (but excluding vacations, maternity/paternity leave, labor disputes, weather affected their job, and civic/military duty). The second variable, “paid covered absences,” tracks whether

employees reported “being paid by [their] employer for any of the time off last week” corresponding to those same types of absences.

A covered absence is one in which an employee answers affirmatively to one of the following CPS Basic Monthly questions:

1. “Absent from work last week” (*peabsrsn*) for one of the following reasons: “own illness/injury/medical problems”; “child care problems”; “other family/personal obligation”; “other (specify).”
2. “What is the main reason that you worked less than 35 hours last week?” (*pehrrsn3*): “Own illness/injury/medical appointment,” “child care problems,” “other family/personal obligations,” “other reason.”
3. “Reason not at work or hours at work [differ]?” (*premphrs*): “W/job, not at work-illness,” “W/job, not at work-child care problems,” “W/job, not at work-fam/personal obligation;” “W/job, not at work-other.”
4. “Detailed reason for part-time?” (*prptrea*): “Usually full-time: own illness/injury/medical appointment,” “Usually full-time-child care problems,” “Usually full-time-other family/personal obligations,” “Usually full-time-other reason.”

Not included are “vacation, maternity/paternity leave, labor dispute, weather affected job, or civic/military duty.”

A paid covered absence is one in which an employee provides one of the following answers to this question:

1. “Reason not at work and pay status” (*prabsrea*): “full-time, paid-own illness,” “full-time, paid-child care problems,” “full-time, paid-other family/personal obligation,” “full-time, paid-other,” “part-time, paid-own illness,” “part-time, paid-child care problems,” “part-time, paid-other family/personal obligation,” or “part-time, paid-other.”

This question is cross-verified with the CPS question *peabspdo*, which asks: “Are you being paid by your employer for any of the time off last week?” (but includes vacation/personal days, maternity/paternity leave, labor disputes, weather affected job, civic/military duty, etc.,” which are excluded in our measure.)

Data Analysis

There are two time periods of interest. The first includes the 12 months between March 2019, when employees were first able to use their accrued sick time, and February 2020, just before COVID-19 turned the world upside-down. The second is the COVID-19 period, running from March 2020 to October 2020, when the available CPS data ends. To construct a comparable “before” period of time, we used the three prior 12-month periods stretching from March 2015 to February 2018 (using the same March-February months to control for temporal variation in absences due to seasonal flu, summer vacations, and so on).

We excluded the period from 3/18 to 2/19 as policy changes during this period likely made for a rather “noisy” period for the purposes of statistical analysis. The law was signed by the governor in 5/18 and became effective in 10/18. Some employers may have started offering their workers paid sick leave as early as 10/18. Others may have started earlier than 2/26/19. If so, that would cause the period from 10/18 to 2/19 to be difficult to interpret. To err on the side of caution, we exclude it to create a clean comparison of “before” and “after” the law became operational. (Using 11/1/19 as the “effective” date generates nearly identical statistical results, but makes for a more unwieldy 16-month multi-year before/after comparison.) Thus, we present 12-month blocks running March-February.

Note that the Families First Coronavirus Response Act (FFCRA), which was effective from April 2, 2020 through December 31, 2020, affected both “control” and “treatment” groups simultaneously and should not affect the results of our DiD analysis. The FFCRA does, however, help to explain why affirmative responses to the paid-if-absent question in Pennsylvania/Delaware grew during the COVID-19 period despite the lack of state paid sick leave laws in those two states.

Controls include sex, race, age, education, citizenship, hourly, part-time, industry, and dummies for New Jersey counties in which local paid sick leave laws were implemented prior to the statewide law. Controls for local paid sick laws are also used when appropriate. These include Jersey City (Hudson County, 9/13), Newark (Essex, 5/14), East Orange (Essex, 1/15), Irvington (Essex, 1/15), Passaic (Passaic, 1/15), Paterson (Passaic, 1/15), Montclair (Essex, 3/15), Bloomfield (Essex, 6/15), Trenton (Mercer, 7/15), New Brunswick (Middlesex, 1/16), Elizabeth (Union 3/16), Plainfield (Union 7/16), Morristown (Morris, 10/16).

Geographic Groups

As noted, to create large enough geographic groups for statistical purposes, we combined several counties, making every effort to approximate New Jersey DOL’s Region Teams while balancing observations across groups. The N for each group was as follows (note that group zero includes respondents with no geographic identifiers):

<u>Group Number</u>	<u>Sample Size</u>
Group 0 (no geographic identifying information)	338
Group 1 (Hudson)	2,736
Group 2 (Essex, Passaic)	3,525
Group 3 (Bergen)	4,235
Group 4 (Morris, Sussex, Warren)	3,470
Group 5 (Hunterdon, Mercer, Middlesex, Somerset, Union)	6,410
Group 6 (Burlington, Camden, Gloucester, Salem)	4,155

Group 7 (Atlantic, Cape May, Cumberland, Monmouth, Ocean)	4,720
Group 8 (New York-Northern New Jersey-Long Island CBSA 35620 (NJ only)	6,987
Group 9 Philadelphia-Camden-Wilmington CBSA 37980 (NJ only)	1,170
Total	37,746

Appendix B: Variation across Demographic Groups

<i>Demographic group and baseline likelihood of absence, 3/15-2/18</i>	<i>Rate of Change</i>	
	Law effective (3/19-2/20)	Covid-19 (3/20-10/20)
Covered absences		
All workers (2.0%)	-21%	+221%
Men (1.5%)	-27%	+284%
Women (2.6%)	-19%	+186%
White workers (2.8%)	-20%	+188%
Black workers (2.5%)	-45%	+445%
Hispanic workers (1.5%)	+115%	+253%
Other race (1.8%)	-51%	+256%
U.S. citizens (2.1%)	-27%	+228%
Noncitizens (1.6%)	+121%	+184%
Under 25 (1.6%)	-47%	+512%
26 to 45 (1.9%)	-27%	+267%
46 to 65 (2.2%)	-17%	+145%
Over 65 (3.0%)	-4%	+231%
Less than HS diploma (1.9%)	+104%	+192%
Diploma but < Bachelor's (2.4%)	-34%	+327%
Bachelor's degree (1.8%)	-4%	+152%
Advanced degree (1.4%)	-12%	+109%
Paid for covered absences	Law effective (3/19-2/20)	Covid-19 (3/20-10/20)
All workers (0.3%)	-28%	+286%
Men (0.2%)	-52%	+610%
Women (0.4%)	-16%	+185%
White workers (0.3%)	-34%	+248%
Black workers (0.5%)	-39%	+357%
Hispanic workers (0.2%)	+151%	+254%
Other race (0.08%)	sample too small	sample too small
U.S. citizens (0.4%)	-29%	+275%
Noncitizens (0.1%)	-22%	+595%
Under 25 (0.1%)	sample too small	sample too small
26 to 45 (0.3%)	-58%	+442%
46 to 65 (0.4%)	-3%	+180%
Over 65 (0.3%)	-24%	+421%
Less than HS diploma (0.2%)	Sample too small	Sample too small
Diploma but < Bachelor's (0.4%)	-43%	+476%
Bachelor's degree (0.3%)	+101%	+115%
Advanced degree (0.1%)	+127%	-5%

Note: Bold entries indicate statistical significance at the 95% confidence level.

Appendix C: Variation across Industries

<i>Demographic group and baseline likelihood of absence, 3/15-2/18</i>	<i>Rate of Change</i>	
<u>Covered absences</u>	Law effective (3/19-2/20)	Covid-19 (3/20-10/20)
Construction (2.0%)	-45%	+269%
Manufacturing (1.8%)	-31%	-31%
Wholesale and retail trade (2.3%)	-29%	+353%
Transportation and utilities (1.6%)	-10%	+431%
Information (2.0%)	sample too small	-36%
Financial activities (1.5%)	+142%	+107%
Professional and business services (1.6%)	-15%	+195%
Educational and health services (3.0%)	-43%	+206%
Leisure and hospitality (1.8%)	+111%	+288%
Other services (1.7%)	+163%	+226%
<u>Paid for covered absences</u>	Law effective (3/19-2/20)	Covid-19 (3/20-10/20)
Construction (0.2%)	-1%	+211%
Manufacturing (0.3%)	sample too small	sample too small
Wholesale and retail trade (0.3%)	+108%	+328%
Transportation and utilities (0.4%)	sample too small	sample too small
Information (0.3%)	sample too small	sample too small
Financial activities (0.2%)	+105%	-16%
Professional and business services (0.3%)	-28%	+232%
Educational and health services (0.7%)	-10%	+129%
Leisure and hospitality (0.09%)	+111%	+525%
Other services (0.3%)	sample too small	sample too small

Note: Bold entries indicate statistical significance at the 95% confidence level.