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## **Paid Sick Leave Mandates Narrow Gender Gaps in Paid Sick Leave Coverage for Low-Wage Workers**

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### **Abstract**

Paid sick leave provides broad benefits, helping workers to recover from illness and manage care obligations and protecting public health. Yet, access to paid sick leave remains limited and unequal in the United States and is only mandated in some states and cities. Drawing on surveys of 62,762 service sector workers collected from 2017 through 2021 by the Shift Project, we document limited access to paid sick leave and stark gender inequality, with women less likely than men to have paid sick leave. We examine potential explanations for the gender gap, and, although sub-sector segregation and part-time employment explain part of the disparity, women are still more likely to lack paid sick leave after taking these influences into account. However, when states and localities mandate paid sick leave for workers, workers are more likely to report access to this benefit and the gender gap is substantially narrowed.

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The United States is unique among high-income, developed countries in lacking a federal guarantee to paid time off from work when sick (1). These benefits are important for workers themselves but also play a role in protecting public health by reducing workers going to work when sick and thus the spread of infectious illnesses (2,3). This dual benefit is particularly evident for service sector workers. For service sector workers themselves, low-wages and unstable and insufficient work hours produce household economic insecurity (4) that makes access to paid time off especially valuable, particularly in the context of hourly in-person employment. For the public health, paid sick leave is especially salient for workers employed in high traffic, indoor settings such as restaurants, grocery stores, and other retail stores.

However, large shares of low-wage workers in the service sector lack access to paid sick leave, with administrative data showing that nearly half of retail workers and almost three-quarters of those employed in accommodations and food service lack access to paid sick leave (5). The lack of paid sick leave can have dire consequences for public health. The large-scale COVID Trends and Impact Study reports that food service is the occupation with the highest share of workers going to work with COVID symptoms (6).

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In the absence of a federal paid leave mandate, some employers voluntarily offer this benefit. While valuable for these workers, this privatized voluntary approach can give rise to stark inequalities in access to this benefit across companies (7). In contrast, some U.S. states and localities have legislated labor standards extending this benefit to workers locally, which may serve to equalize access in covered jurisdictions (8).

In this paper, we document gender inequalities in access to paid sick leave among service sector workers, decompose these gender gaps in paid sick leave access, and assess the degree to which state and local paid sick leave mandates broaden access and narrow gender inequalities in paid sick leave. We find that gender gaps stem in part from broader labor market inequalities within the service sector in which women are sorted into occupational sub-sectors with lower quality job conditions, and from women's greater likelihood of being employed part-time. But, remaining gender gaps are substantially narrowed in the presence of state or local paid sick guarantees. Our research finds that paid sick leave mandates not only increase access to this benefit for workers overall but also have the added benefit of reducing gender inequalities in this vital job amenity.

## Prior Research

The U.S. stands out from other rich nations and most of the world in not offering a paid sick leave guarantee to workers. In the U.S., the Family and Medical Leave Act provides workers with unpaid leave for medical or caretaking reasons, but eligibility requirements -- such as requiring at least 12 months on the job and 1250 hours of work in the past year -- prevent many workers from accessing even this unpaid leave (1).

## Personal and Public Benefits of Paid Sick Leave.

Paid sick leave is an important pillar of both job quality and public health. The benefits of paid sick leave for workers are widespread. For employees, paid sick leave creates a climate in which they feel more support for leave-taking (9). Access to paid sick leave is associated with increased use of preventive health care (10,11), reductions in emergency room visits (12), and improvements in parents' ability to care for children (13). Workers with access to paid sick leave report being less worried about their household finances (14).

For employers, providing paid sick leave benefits to workers has the benefit of substantially reducing employee turnover by 25 percent (15,16). Paid sick leave mandates impose relatively low per-hour costs of approximately \$0.25 (5) and, following mandated PSL, employers generally report few concerns about business costs or implementation (17,18). From a macroeconomic perspective, research following implementation of Connecticut's paid sick leave mandate found modest increases in unemployment (19), while a broader study of paid sick leave mandates in 7 studied localities did not find that this mandate significantly affected either employment or wage growth (20).

Paid sick leave mandates also have positive effects on public health, by reducing sickness presenteeism and thus the potential for disease transmission (21). Workers who lack access to paid sick leave benefits are more likely to attend work while sick (22). Studies of state and local paid sick leave legislation have found that they led to a reduction in the share of

workers who report working while sick (23–25). During the pandemic, temporary paid sick leave expansions through the Families First Coronavirus Relief Act sick leave reduced the spread of COVID (26). In addition to these aggregate benefits to public health, it appears that the implementation of paid sick leave mandates reduces leave taking in the aggregate (27), presumably by reducing sickness.

### **Inequality in Access to Paid Sick Leave.**

Yet, access to paid sick leave is stratified and unequal. Workers who are the most economically insecure are also those most likely to lack access to paid sick leave benefits. One study reports that just 51% of workers in the lowest earnings quartile (earning \$13.80 or less per hour) have access to paid sick leave benefits (28). These economic vulnerable workers are then put in the difficult position of having to go to work sick or lose needed pay. As a result, when they lack paid sick leave, low-income workers often forego needed medical care and attend work while sick (10,11). Women and low-income workers who lack paid sick leave have particularly high rates of presenteeism (22).

There are reasons to expect that paid sick leave access may be stratified by gender. Women tend to be overrepresented in occupations and industries with lower job quality (29). Women may be less likely to have access to paid sick leave if they are disproportionately employed at companies that do not offer this benefit. Even when employers do offer paid sick leave to their workers, women may be excluded from this benefit because they are more likely than men to be working part-time (30). Research on paid sick leave shows that part-time workers are far less likely to have access to paid sick leave benefits (5).

In the absence of a federal guarantee to paid sick leave, paid sick leave is also stratified by geography. The number of states and localities that mandate paid sick leave has risen sharply between 2009 and 2020, but most states do not require employers to offer paid sick leave (8). As a result, for most workers, paid sick leave continues to be at the discretion of their employer and often not offered.

### **Effects of Paid Sick Leave Mandates on Access and Inequality.**

In the states and localities with paid sick leave (PSL) laws in place, there is evidence that these laws increase access to paid sick leave benefits, as intended. Employer-reported PSL coverage consistently increases with the implementation of PSL mandates. Across states that implemented PSL mandates between 2009 and 2017, average PSL coverage increased from 66% to 79% (5). Individual state and city mandates also consistently show significant coverage increases (18,31,32). Employees also report that mandates result in increased access to PSL, however, the magnitude varies. In Washington state, service sector workers report an increase from 33% to 72% post-mandate, relative to a 27% to 38% increase in comparison states (23). However, in a comparison across state and local mandates, employees report a more modest mean increase from 58.5% to 62.6%, as well as reporting that PSL offering continued to increase for three years after mandate implementation (25).

Moreover, there is some evidence that paid sick leave mandates not only raise the level of access but may also function to narrow inequalities in access to paid leave. Firms in the service-sector, including food services and accommodation/hospitality, which have some of

the lowest rates of access in the absence of mandates, saw the largest increases in paid sick leave provision following mandate (5,31,32). Paid sick leave mandates also appear to reduce inequalities in access by part-time status. PSL mandates have the largest positive effects on part-time workers, as well as on temporary and seasonal workers (5,18,32). However, even after mandate implementation, both employer and employee reporting shows that part-time workers still have lower rates of PSL coverage/access than full-time workers (18,24,31,32).

This equalization by part-time status may in turn reduce gender inequalities in access to paid sick leave following the implementation of mandates. Even beyond this compositional effect, PSL mandates may further reduce gender inequality by reducing scope for managerial discretion that may result in access inequalities in the context of bias (33). There is, however, very limited research that examines whether PSL mandates reduce gender inequality. One study finds that paid sick leave mandates had slightly larger effects on women than on men, but does not assess the extent to which such laws reshaped gender inequality in access (25).

## Data and Methods

This study draws on survey data collected by the Shift Project from service sector workers who are paid by the hour, combined with policy data on paid sick leave (PSL) mandates at the state and local level. Paid sick leave policy data is merged with the survey data by county and month and year. We use these data to describe rates of access to PSL by gender in the service sector, to decompose gender gaps in PSL access, and finally to assess the degree to which PSL mandates narrow gender inequalities in access.

### Shift Data.

We make use of a large online survey of hourly workers employed at 152 large retail and food service firms. To construct this sample, The Shift Project first identified workers at these firms using Facebook and Instagram's targeted advertising platform. These platforms allow advertisers to direct ads to users with particular characteristics, including, in this case, to workers with a particular employer such as McDonalds, Walmart, Krogers, or CVS. In the second step, The Shift Project recruited workers from each employer-specific audience to take the survey by delivering paid advertisements to them. The advertisements were designed to be salient to the workers, by naming their employer and displaying a picture designed to resemble their uniform and workplace setting. Workers who responded to the survey were asked a series of questions about their job, which included whether their employer offers workers paid sick leave. Workers also provided demographic information, including on their gender, and self-report the state where their workplace is located. We use IP addresses to geocode workers into counties and to fill in information on state of their workplace when that information is not reported in the survey. Our analytic sample includes 62,762 workers who responded to our surveys between Fall of 2017 and Fall of 2021.

### Paid Sick Leave Policy Data.

We draw on data on local paid sick leave mandates that was compiled by the National Partnership for Women and Families (34). We use information on the geographic coverage

and timing of implementation of these laws to merge the information with our survey data by county and month/year. Although there is some variation in the provisions of these local laws, most require private sector employers that employ at least 25 workers to offer paid sick leave to their workers. A standard accrual rate is 1 hour of paid leave per 40 hours of work. Although accrual typically begins at time of hire, many laws include a 90-day waiting period from time of hire before paid leave can be used.

By the end of 2021, the period covered in our survey data, paid sick leave laws were in effect in 12 states and 23 cities or counties. In addition, prior to April 2021, several Texas counties had paid sick leave laws in effect until the state of Texas passed a law pre-empting these local laws (35). Figure 1 displays the geographic areas with paid sick leave laws in effect as at the end of 2021. The landscape of state and local laws creates substantial heterogeneity depending by workplace location.

### **Outcomes.**

Our main outcome is worker reports of employer-sponsored paid sick leave coverage. Our survey asked workers which of a set of benefits were provided by their employer, and the access to paid sick leave outcome distinguishes those who indicated that their employer did or did not offer access to paid sick leave.

### **Analytic Approach.**

Our main focus is on gender gaps in access to paid sick leave. Gender is self-reported by workers. We examine the two largest gender groups: those who identify as women compared with those who identify as men. We omit non-binary and transgender workers from this analysis because these groups are small and distinctive in terms of age and job quality (36).

The results we present show the share of women and men working in the service sector who have access to paid sick leave from their employer. We then show how much the gender gap in paid sick leave would narrow if women and men worked in the same industry subsectors, were equally likely to work part-time versus full-time, and when paid sick leave laws are in effect.

We rely on nested regression models for our analyses. We present predicted values for paid sick leave access for women and men and show how differences are narrowed or persist with the addition of explanatory variables. More details on the analytic approach are available in the Appendix.

### **Results**

Figure 2 shows that 54% of men in the service sector sample reported that their employer offered paid sick leave benefits compared with 44% of women, a sizeable 10 percentage point disparity.

Figure 3 shows how this gap narrows after taking into account three potential sources of the gender disparity – differences in human capital, differences in part-time status, and differences/segregation by sub-sector. First, we find that differences in human capital

play little role in explaining the gender gap in PSL access. After taking into account any differences between women and men in measures of human capital – in particular educational attainment and job tenure – the gender gap in paid sick leave remains large at 9 percentage points.

Second, we examine the role of part-time status. Some employers only offer benefits such as paid sick leave to their full-time employees and, in the service sector, a large share of workers are working part-time, often involuntarily (37). Gender differences in part-time employment account for a small portion of the gender gap in paid sick leave. If women and men were equally likely to work part-time, the gender gap in paid sick leave would narrow to 8 percentage points.

Third, within the service sector, there is substantial heterogeneity across industry subsectors in job quality. Workers employed in hardware or electronics retail sectors are more likely to be offered paid sick leave by their employer compared with workers employed in grocery, restaurant, or clothing sectors. Figure 4 shows that the sectors that employ a larger share of women also tend to be those that are less likely to offer paid sick leave benefits.

Given this correlation between the gender composition of industry subsectors and prevalence of paid sick leave benefits, it is no surprise that gender differences in industry subsector contribute to gaps in paid sick leave benefits. Figure 3 shows that if women and men were evenly distributed across industry subsectors, the gender gap in in paid sick leave access would further narrow to 5 percentage points.

This remaining 5 percentage point gender gap in paid sick leave benefits is still sizeable, but paid sick leave standards narrow the gap. Figure 5 shows the share of men and women who report access to paid sick leave benefits at work in locations with and without a paid sick leave law in place. For both men and women working in the service sector, state and local paid sick leave laws dramatically increase access to this benefit, boosting access by 26 percentage points for men and by 29 percentage points for women. In location with paid sick leave laws in place, the gender gap in paid sick leave access narrows to just 2 percentage points.

Although paid sick leave laws increase access to paid sick leave benefits a great deal, a sizeable share of service sector workers report lacking this benefit even when it is legally required. A part of this gap in coverage results from the high turnover rates in the service sector, which lead to a large share of short-tenure workers for whom paid sick leave benefits are not yet available. In localities with paid sick leave laws in effect, paid sick leave benefits coverage is much lower for workers with less than 1 year at their current employer (53%) compared with workers who have over 2 or more years of job tenure (73%). Nevertheless, some legally-entitled workers may face barriers in effectively accessing paid sick leave benefits because of short-staffing that creates pressure to work even when sick (38).

The results in Figures 2 through 5 span the period from 2017 through 2021, encompassing three years preceding the pandemic and two years during the pandemic. In separate analyses, we focus our attention on the pandemic period from 2020 through 2021 and repeat the comparisons of men and women's paid sick leave access. During the pandemic period, we

find a gender gap in paid sick leave benefits of 5 percentage points after taking into account industry, part-time employment, and other gender differences in background characteristics, the same gap we found in the 2017 to 2021 period. Notably, during the pandemic, the 5 percentage point gender gap in paid sick leave access was completely eliminated in states and localities with paid sick leave laws in effect. Strikingly, local paid sick leave mandates eliminated the gender gap in paid sick leave benefits for service sector workers during the pandemic.

## Discussion

Unlike nearly all other countries, the U.S. does not guarantee paid sick leave benefits to workers. Instead, the U.S. has a patchwork of paid sick leave policies, with some states and localities requiring employers to provide paid sick leave benefits to their workers, but many others lacking such a requirement. In the absence of a paid sick leave mandate, some companies voluntarily offer this benefit to their workers, but many others do not. As a result, half of service sector do not have access to paid time off from work in the event of illness, to care for a family member, or for any other reason.

This widespread lack of paid sick leave has consequences for the health of service sector workers and the customers they serve, particularly in the midst of the COVID-19 pandemic. When other workers were told to stay home, service sector workers continued meeting the basic needs of the population for food, medicine, and other supplies. Without paid sick leave benefits, these workers faced pressure to work even when sick, potentially spreading infectious disease within their indoor workplaces. Working parents who were balancing work obligations with caretaking responsibilities faced added challenges without the option to take a sick day in the event their children were sick.

Women working in the service sector are particularly disadvantaged when it comes to paid sick leave benefits: they are 10 percentage points less likely than men to have access to paid sick leave. This gender inequality is partly attributable to broader gender inequalities in the labor market. Women in the service sector are more likely to work in subsectors with lower quality job conditions such as retail apparel. Women are also more likely to work part-time, which is a barrier to accessing paid sick leave benefits. However, even after taking these broader labor market inequalities into account, a gender gap in paid sick leave persists, but local paid sick leave mandates substantially narrow this gender gap.

Researchers and advocates have established the importance of a national paid sick leave policy for all U.S. workers. Our research shows that offering paid sick leave to all workers would not only improve working conditions, especially for low-wage workers who are most likely to lack this benefit, but would also address a source of gender inequality.

## Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

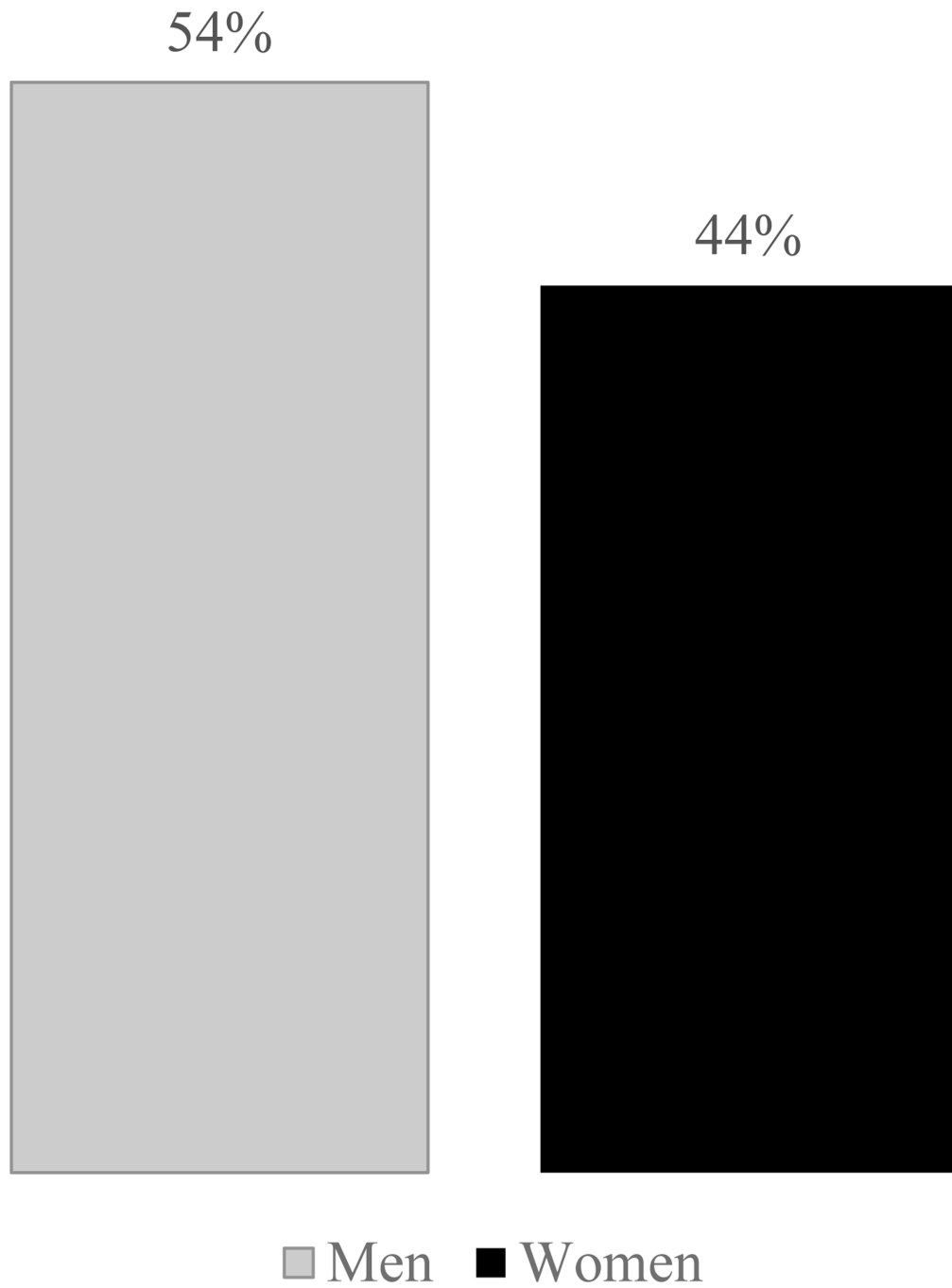
## References

1. Heymann J, Sprague A, Earle A, McCormack M, Waisath W, Raub A. US Sick Leave In Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions. *Health Aff (Millwood)*. 2021 Sep;40(9):1501–9. [PubMed: 34310189]
2. Lovell V. No Time To Be Sick: Why Everyone Suffers When Workers Don't have Paid Sick Leave [Internet]. Institute for Women's Policy Research; 2004 Jun [cited 2021 Apr 13]. Available from: <https://iwpr.org/iwpr-general/no-time-to-be-sick-why-everyone-suffers-when-workers-dont-have-paid-sick-leave/>
3. DeRigne L, Stoddard-Dare P, Quinn L. Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave. *Health Aff (Millwood)*. 2016 Mar 1;35(3):520–7. [PubMed: 26953308]
4. Schneider D, Harknett K. Hard Times: Routine Schedule Unpredictability and Material Hardship among Service Sector Workers. *Soc Forces*. 2021 Jun 1;99(4):1682–709. [PubMed: 35965992]
5. Maclean JC, Pichler S, Ziebarth NR. Mandated Sick Pay: Coverage, Utilization, and Welfare Effects [Internet]. National Bureau of Economic Research; 2020 Mar [cited 2021 May 25]. Report No.: w26832. Available from: <http://www.nber.org/papers/w26832>
6. Salomon Joshua A, Reinhart Alex, Bilinski Alyssa, Chua Eu Jing, La Motte-Kerr Wichada, Rönn Minttu M, et al. The US COVID-19 Trends and Impact Survey: Continuous real-time measurement of COVID-19 symptoms, risks, protective behaviors, testing, and vaccination. *Proc Natl Acad Sci*. 2021 Dec 21;118(51):e2111454118.
7. Schneider D, Harknett K. Estimates of Workers Who Lack Access to Paid Sick Leave at 91 Large Service Sector Employers [Internet]. The Shift Project. 2020 [cited 2021 Apr 7]. Available from: <https://shift.hks.harvard.edu/paid-sick-leave-brief/>
8. Pomeranz JL, Silver D, Lief SA, Pagán JA. State Paid Sick Leave and Paid Sick-Leave Preemption Laws Across 50 U.S. States, 2009–2020. *Am J Prev Med* [Internet]. 2022 Feb 10 [cited 2022 Mar 17]; Available from: <https://www.sciencedirect.com/science/article/pii/S0749379722000150>
9. Drago R, Lovell V. San Francisco's Paid Sick Leave Ordinance: Outcomes for Employers and Employees [Internet]. 2011 [cited 2022 May 26]. Available from: <https://iwpr.org/iwpr-general/san-franciscos-paid-sick-leave-ordinance-outcomes-for-employers-and-employees/>
10. DeRigne L, Stoddard-Dare P, Quinn L. Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave. *Health Aff Proj Hope*. 2016 Mar;35(3):520–7.
11. DeRigne L, Stoddard-Dare P, Collins C, Quinn L. Paid sick leave and preventive health care service use among U.S. working adults. *Prev Med*. 2017 Jun;99:58–62. [PubMed: 28189802]
12. Bhuyan SS, Wang Y, Bhatt J, Dismuke SE, Carlton EL, Gentry D, et al. Paid sick leave is associated with fewer ED visits among US private sector working adults. *Am J Emerg Med*. 2016 May 1;34(5):784–9. [PubMed: 26851064]
13. Clemans-Cope L, Perry CD, Kenney GM, Pelletier JE, Pantell MS. Access to and Use of Paid Sick Leave Among Low-Income Families With Children. *Pediatrics*. 2008 Aug 1;122(2):e480–486. [PubMed: 18676534]
14. DeRigne L, Dare PS, Collins C, Quinn LM, Fuller K. Working U.S. Adults without Paid Sick Leave Report more Worries about Finances. *J Soc Serv Res*. 2019 Aug 8;45(4):570–81.
15. Hill HD. Paid Sick Leave and Job Stability. *Work Occup*. 2013 May 1;40(2):143–73.
16. Ma S. Essays on Paid Sick Leave in the United States. Diss Theses Capstone Proj [Internet]. 2020 Sep 1; Available from: [https://academicworks.cuny.edu/gc\\_etds/3996](https://academicworks.cuny.edu/gc_etds/3996)
17. Milkman R, Appelbaum E. Unfinished Business: Paid Family Leave in California and the Future of U.S. Work-Family Policy. Cornell University Press; 2013. 167 p.
18. Colla CH, Dow WH, Dube A, Lovell V. Early Effects of the San Francisco Paid Sick Leave Policy. *Am J Public Health*. 2014 Dec;104(12):2453–60. [PubMed: 24432927]
19. Ahn T, Yelowitz A. The short-run impacts of Connecticut's paid sick leave legislation. *Appl Econ Lett*. 2015 Oct 13;22(15):1267–72.
20. Pichler S, Ziebarth NR. Labor Market Effects of U.S. Sick Pay Mandates. *J Hum Resour*. 2018 Oct 16;0117.

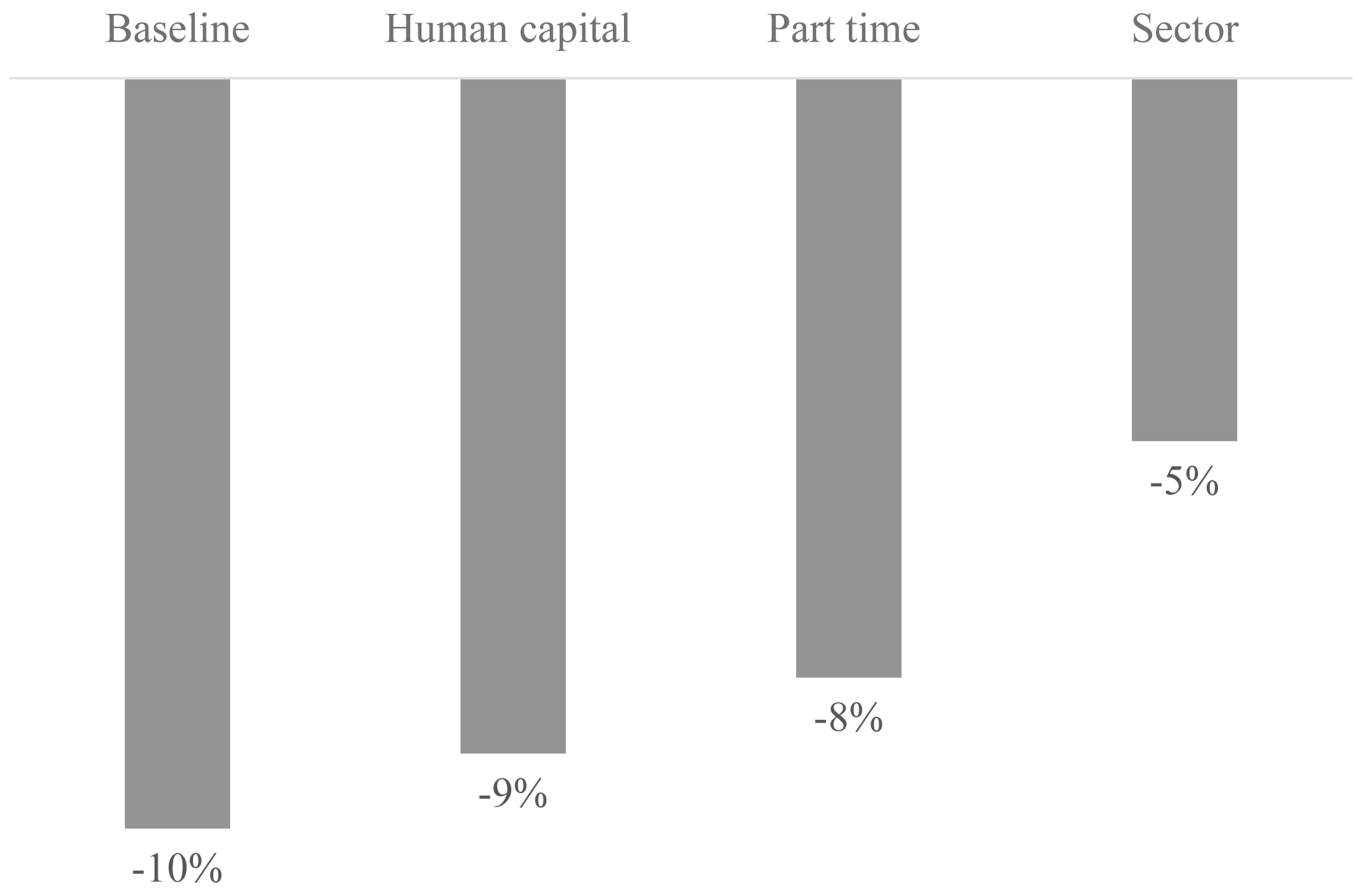


21. Marotta J, Greene S. Paid Sick Days: What Does the Research Tell Us about the Effectiveness of Local Action? [Internet]. 2019 p. 11. Available from: <https://www.urban.org/research/publication/paid-sick-days-what-does-research-tell-us-about-effectiveness-local-action>
22. Susser P, Ziebarth NR. Profiling the U.S. Sick Leave Landscape: Presenteeism among Females. *Health Serv Res.* 2016;51(6):2305–17. [PubMed: 26947427]
23. Schneider D. Paid Sick Leave in Washington State: Evidence on Employee Outcomes, 2016–2018. *Am J Public Health.* 2020 Feb 20;110(4):499–504. [PubMed: 32078341]
24. Lindemann D, Britton D. Earned Sick Days in Jersey City: A Study of Employers and Employees at Year One. Rutgers, the State University of New Jersey: Center for Women and Work; 2015 Apr.
25. Callison K, Pesko MF. The Effect of Paid Sick Leave Mandates on Coverage, Work Absences, and Presenteeism. *J Hum Resour.* 2017 Oct;1017-.
26. Pichler S, Wen K, Ziebarth NR. COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States. *Health Aff (Millwood).* 2020 Dec;39(12):2197–204. [PubMed: 33058691]
27. Stearns J, White C. Can paid sick leave mandates reduce leave-taking? *Labour Econ.* 2018 Apr 1;51:227–46.
28. Gould E, Schieder J. Work sick or lose pay?: The high cost of being sick when you don't get paid sick days [Internet]. Economic Policy Institute; 2017 Jun [cited 2021 Apr 14]. Available from: <https://www.epi.org/publication/work-sick-or-lose-pay-the-high-cost-of-being-sick-when-you-dont-get-paid-sick-days/>
29. Stier H, Yaish M. Occupational segregation and gender inequality in job quality: a multi-level approach. *Work Employ Soc.* 2014 Apr 1;28(2):225–46.
30. Jacobs JA, Gerson K. *The Time Divide: Work, Family, and Gender Inequality.* Cambridge, Mass.: Harvard University Press; 2005. 272 p.
31. Romich J. Implementation and Early Outcomes of the City of Seattle Paid Sick and Safe Time Ordinance [Internet]. City of Seattle – Office of City Auditor; 2014 Apr [cited 2021 May 25]. Available from: <https://www.seattle.gov/Documents/Departments/CityAuditor/auditreports/PSSTOUWReportwAppendices.pdf>
32. Romich JL. Local mandate improves equity of paid sick leave coverage: Seattle's experience. *BMC Public Health.* 2017 Jan 11;17(1):60. [PubMed: 28077115]
33. Storer A, Schneider D, Harknett K. What Explains Racial/Ethnic Inequality in Job Quality in the Service Sector? *Am Sociol Rev.* 2020 Aug;85(4):537–72. [PubMed: 36865592]
34. Paid Sick Days Statues [Internet]. National Partnership for Women and Families: National Partnership for Women and Families; 2021 [cited 2022 Mar 17]. Available from: <http://www.nationalpartnership.org/our-work/economic-justice/paid-sick-days.html>
35. Texas Local Paid Sick Time Laws (Now Preempted) [Internet]. A Better Balance; 2021 Aug [cited 2022 Mar 18]. Available from: <https://www.abetterbalance.org/resources/texas-local-paid-sick-time-laws-now-preempted/>
36. Lagos D, Wolfe R, Schneider D. Do Transgender and Non-Binary Workers in the Retail and Service Sectors Have Lower Quality Jobs than Their Cisgender Counterparts? *Pap Present Popul Assoc Am Atlanta.* 2022;
37. Lambert SJ, Haley-Lock A, Henly JR. Schedule flexibility in hourly jobs: unanticipated consequences and promising directions. *Community Work Fam.* 2012 Aug 1;15(3):293–315.
38. Kinman G, Grant C. Presenteeism during the COVID-19 pandemic: risks and solutions. *Occup Med Oxf Engl.* 2020 Nov 18.





**Figure 2.**  
Paid Sick Leave Benefits for U.S. Service Sector Workers by Gender Identity  
Source: Shift Project Surveys, 2017–2021  
Notes: The unadjusted gender gap in paid sick leave benefits for women compared with men in the service sector N=62,762.

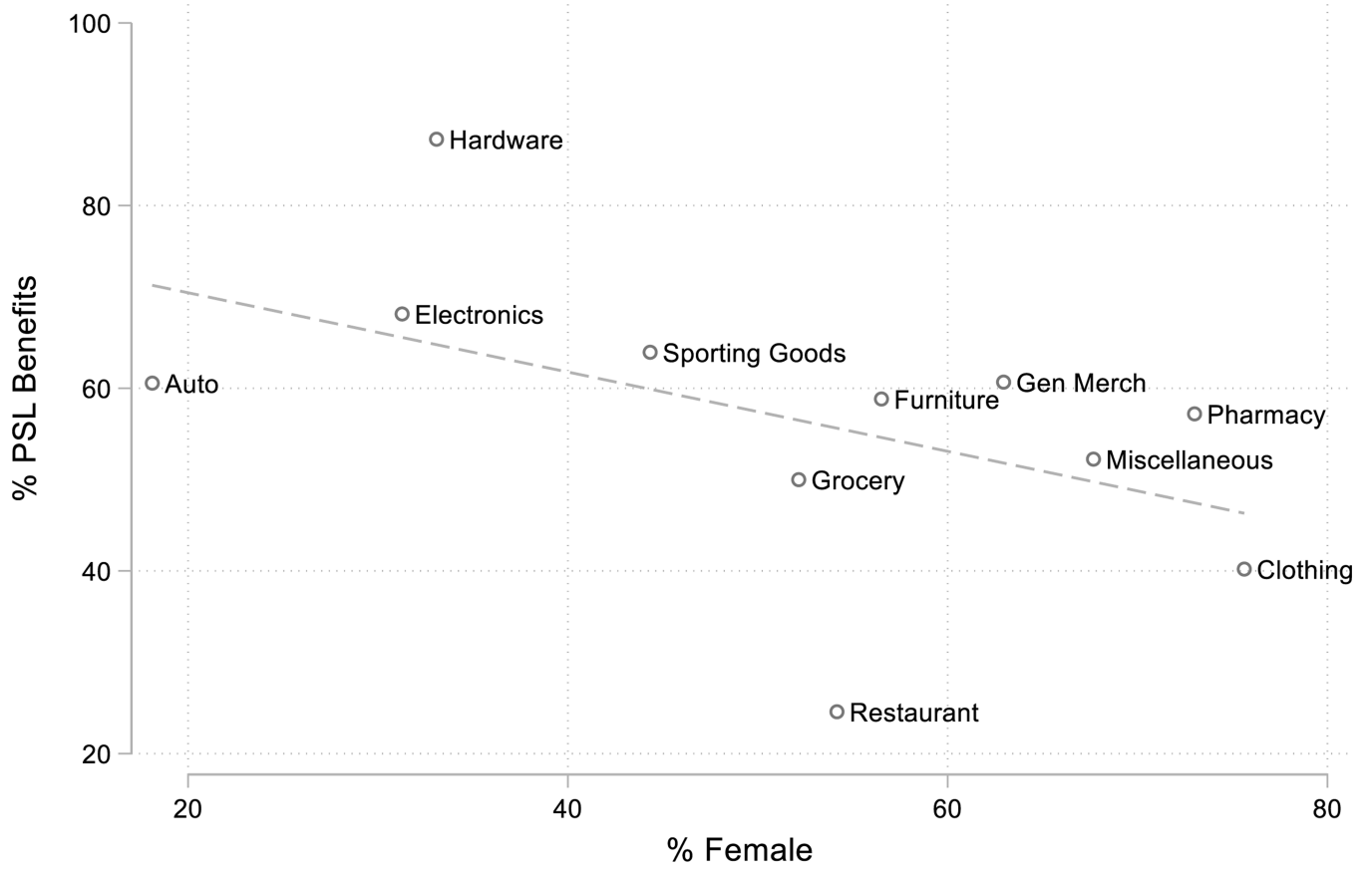


**Figure 3.**

Gender Gap in Paid Sick Leave Benefits for U.S. Service Sector Workers (Women - Men)

Source: Shift Project Surveys, 2017–2021

Notes: “Baseline” is the unadjusted gender gap in paid sick leave for women compared with men in the service sector. “Human capital” is the gender gap after controlling for education and job tenure. “Part-time” additionally controls for working part-time versus full-time, and “Sector” additionally controls for industry subsector. N=62,762.



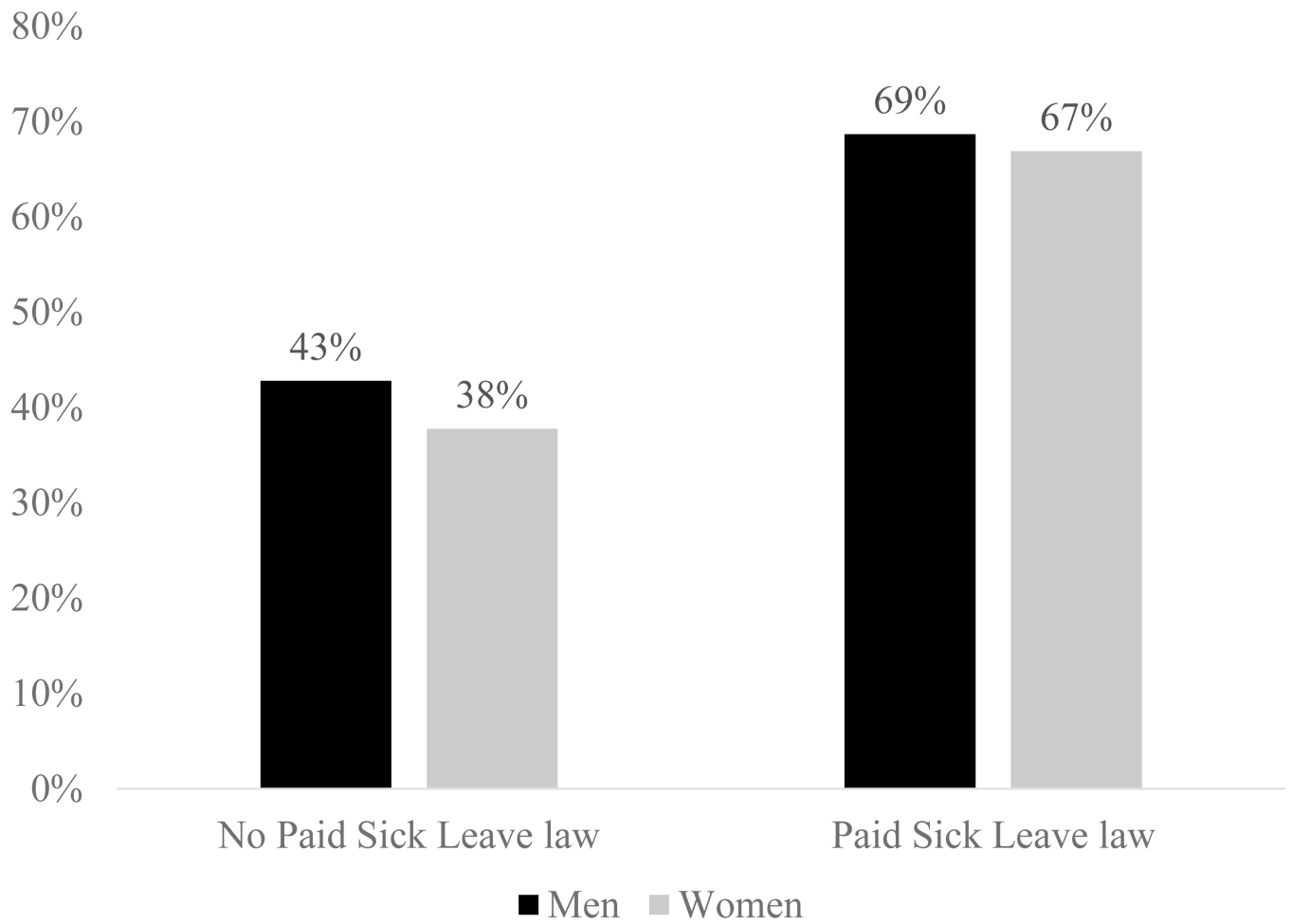
**Figure 4.**  
Percent of Workers with Paid Sick Leave Benefits by Percent Female  
Source: Shift Project Surveys, 2017–2021

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**Figure 5.**  
Paid Sick Leave Benefits for U.S. Service Sector Workers by Gender Identity and Law  
Source: Shift Project Surveys, 2017–2021 and National Partnership for Women and Families (2021)  
Notes: Estimates after controlling for demographics, human capital, part-time employment, and industry subsector.

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