

Request for Supplemental Paid Sick Leave (SPSL)

([2022 Covid-19 Supplemental Paid Sick Leave](#))

Employee Name _____ Date of Request _____

Department _____ Position Title _____

Please be aware that there are two “banks” of paid leave available.

- **Bank #1 is for reasons #1 through #7.**
- **Bank #2 is for reason #8.**

Each bank is up to 40 hours, or a prorated portion based on employee’s work schedule. You will need to specify which “bank” and how many hours to use.

I am requesting SPSL because I am unable to work or telework because of the following reason:

1. I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local public health officer who has jurisdiction over the workplace. ¹
2. I have been advised by a health care provider to isolate or quarantine due to COVID-19.
3. I am attending an appointment for themselves or a family member ² to receive a vaccine or a vaccine booster for protection against COVID-19. ³
4. I am experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevent the employee from being able to work or telework. ⁴

¹ NOTE: If multiple isolation or quarantine periods apply, the employee may use SPSL for the minimum amount of time required by the longest isolation or quarantine period

² For the purposes of SB 114, a “family member” includes an employee’s child, a parent, spouse, registered domestic partner, grandparent, grandchild, or sibling. A “child” is a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. A “parent” includes a biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child. (Labor Code § 245.5, subd. (c).)

³ The employer may limit the total SPSL used for each vaccination or booster to 3 days or 24 hours, unless the employee provides verification from a health care provider that the covered employee or their family member is continuing to experience symptoms related to a COVID-19 vaccine or vaccine booster.

⁴ Employers may apply the same limitation of 3 days or 24 hours’ SPSL here, unless the employee provides verification from a health care provider that the covered employee or their family member is continuing to experience symptoms related to a COVID-19 vaccine or vaccine booster.

Superintendent/President Dr. David Viar

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5. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
6. I am caring for a family member who:
 - a. Is subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine,
OR
 - b. Has been advised by a health care provider to isolate or quarantine.
7. I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.
8. I am, or a family member for whom I am providing care, tests positive for COVID-19.

***Please choose the bank of hours you will be using carefully. Each bank is tracked separately.**

- You cannot use Bank #2 for Reasons #1 through #7.
- You can use a combination of both banks for an absence
 - (for example: Positive test and off work for 7 work days (5 days for reason #8 and 2 days for reasons #1 through #7))

Bank #1 For Reasons #1 through #7:

I am requesting SPSL for _____(Dates)

I am requesting _____ hours

Bank #2 For Reason #8:

I am requesting SPSL for _____(Dates)

I am requesting _____ hours

I acknowledge that I will not be approved for SPSL without a submitting documentation supporting the need to take SPSL. I am submitting with this request a true and correct copy of documentation in support of my need to take SPSL. I also acknowledge that I may also have to submit certifications related to my need to take SPSL.

Employee Signature

Examples of acceptable supporting documentation will vary depending on the reason for SPSL.

- Federal, State or local quarantine isolation order
- Written documentation from a health care provider advising the employee to self-quarantine
- Notice of closure that has been posted on a government, school, or day care website,
- Notice of closure published in a newspaper,
- Email notice of closure from an employee or official of the school, place of care, or child care provider.
- Positive Covid-19 PCR test result.