

**COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)
REQUEST FORM
1/1/2021 ~ 9/30/2021**

EMPLOYEE SECTION:

Employee Name: _____

Phone: _____

Department: _____

Payroll Title: _____

Requested Start Date: _____ **Anticipated End Date:** _____

Qualifying Reasons for Supplemental Paid Sick Leave (SPSL) for employees unable to work (or telework):

Please mark the reason for your request:

- 1. Quarantine or Isolation per CDPH, CDC, local health officer, or advisement by healthcare provider
- 2. Experiencing symptoms of COVID-19 and seeking diagnosis/testing
- 3. Caring for a family member who is in quarantine or isolation due to COVID-19
- 4. Caring for a child whose school or place of childcare is closed for reasons relating to COVID-19
- 5. Time off for recovering from side effects of COVID-19 vaccination

SPSL provides for up to 80 hours for full time employees and the total number of hours part-time employees work over a two week period. SPSL wages are capped at \$511 per day or \$5,110 total (if you make more than \$511 per day, you could increase your pay to your full daily wage by using your accrued leave balances - see below).

If you exceed the applicable rate (\$511) as stated above, would you like to augment your pay with your leave balance?
Please select which bank:

SICK LEAVE

VACATION

(SPSL entitlements end on September 30, 2021.)

Employee Signature: _____ Date: _____

ENTITY SECTION:

Date Received: _____

Verification of hours remaining: _____

Confirmation sent to employee: _____