



2021 COVID-19 SUPPLEMENTAL PAID SICK LEAVE ABSENCE REQUEST

Name	Date
SS#	Client Company Where Assigned

To request COVID-related leave of absence, please complete the following request form and submit to your Certified representative as soon as practical.

TO BE COMPLETED BY EMPLOYEE:

**A. I request COVID-19 supplemental paid sick leave beginning _____ (insert date).
I am unable to work or telework because:**

- Caring for Yourself:** The employee is subject to quarantine or isolation period related to COVID 19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace, has been advised by a healthcare provider to quarantine, or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- Caring for a Family Member:** The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provided to quarantine due to COVID-19, or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.
- Vaccine-Related:** The covered employee is attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms

LEAVES OTHER THAN THE ABOVE ARE NOT ELIGIBLE

I understand that prior to any leave, I must make arrangements to continue insurance coverage if I am eligible. Further, I understand that I must contact HR and/or my supervisor before I can return to work.

Employee Signature _____ Date _____

❖ Completed form will be maintained in a confidential file, separate from your personnel file.

TO BE COMPLETED BY MANAGEMENT:

Notes

(job restoration, maximum length, insurance, benefit accrual, service, review date, etc.)

Approved by _____ Date _____

Disapproved by _____ Date _____