

## EMPLOYEE REQUEST FOR 2022 COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SB114)

Name: \_\_\_\_\_ Department: \_\_\_\_\_

EE#: \_\_\_\_\_ Hourly Wage: \_\_\_\_\_

This leave is retroactive to January 1, 2022. You may be eligible, and you may use this form for a retroactive request.

Pay Code	FROM		THROUGH		Total Hours
	Date	Hour	Date	Hour	

**PURPOSE OF LEAVE:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Bucket 1 (total of 40 hours): COVID-19 Qualifying Reasons for employees who are unable to work or telework for any of the following reasons:**

	<b><u>A covered employee (including extra help) may take leave (up to 40 hours) if the employee is unable to work or telework for any of the following reasons:</u></b>	<b>PAY CODE</b>	<b>CHECK APPLICABLE BOX</b>
1.	The employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer who has jurisdiction over the workplace.	ES1	
2.	The employee has been advised by a healthcare provider to isolate or quarantine due to COVID-19.	ES1	
3.	The employee is attending an appointment for themselves or a family member (child, parent, spouse, registered domestic partner, grandchild, grandparent, or sibling) to receive a vaccine or a vaccine booster for protection against COVID-19.  <i>Employees who wish to use SB 114 for reason #3 or #4 may only use up to 24 hours. 24 hour limitation applies to each vaccination or booster shot and includes the time used to obtain the vaccination or booster shot.</i>	ES1	
4.	The employee is experiencing symptoms or caring for a family member (child, parent, spouse, registered domestic partner, grandchild, grandparent, or sibling) experiencing symptoms related to a COVID-19 vaccine or vaccine booster that prevent the employee from being able to work or telework.  <i>Employees who wish to use SB 114 for reason #3 or #4 may only use up to 24 hours. 24 hour limitation applies to each vaccination or booster shot and includes the time used to obtain the vaccination or booster shot.</i>	ES1	

5.	The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.	ES1	
6.	The employee is caring for a family member (child, parent, parent-in-law, spouse, registered domestic partner, grandparent, grandchild, or sibling) who is subject to an order or guidance described above or who has been advised to isolate or quarantine, as described in #1 & #2 above.	ES1	
7.	The employee is caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.	ES1	

**Bucket 2 (total of 40 hours): Positive COVID-19 Test Results for employees who are unable to work or telework for any of the following reasons:**

	<b><u>A covered employee (including extra help) may take leave (up to 40 hours) if the employee is unable to work or telework for any of the following reasons:</u></b>	<b>PAY CODE</b>	<b>CHECK APPLICABLE BOX</b>
1.	The employee tests positive for COVID-19.  <i>You must provide documentation of your positive test, which can include: medical record of the test result, email or text from the testing company with the results, a picture of the test result, or a contemporaneous text or email from the employee to the employer stating the employee tested positive for COVID-19.</i>	ES2	
2.	The employee's family member (child, parent, parent-in-law, spouse, registered domestic partner, grandparent, grandchild, or sibling) tests positive for COVID-19, and the employee is providing care for the family member due to the positive test result.  <i>You must provide documentation of the positive test, which can include: medical record of the test result, email or text from the testing company with the results, a picture of the test result, or a contemporaneous text or email from the employee to the employer stating that a qualifying family member tested positive for COVID-19.</i>	ES2	

If you have tested positive for COVID-19, was it due to a workplace exposure?  Yes  No

It is the employee's responsibility to request leave on a timely basis to the employee's department. For a retroactive request, Leaves will work with your Departmental Payroll Clerk with any eligible retroactive adjustments.

**Employee's Signature (Required)**

**Supervisor Signature (Required)**

\_\_\_\_\_ Date

\_\_\_\_\_ Date

**Once completed, please email this form directly to your supervisor for signature and submittal to Leaves for processing.**