



Request for COVID-19 Supplemental Paid Sick Leave (SB 95)

To be completed by the employee requesting COVID-19 Supplemental Paid Sick Leave (SPSL) arising out of an eligible reason related to COVID-19. (For qualifying leave reasons beginning January 1, 2021 through September 30, 2021).

Employee Name

Application Date

Emp. ID#

Requested Leave Start Date: _____ **Estimated End Date:** _____

SPSL extends for the duration of the applicable reason, not to exceed 80 hours for full-time employees and prorated for part-time employees (Labor Code §§ 248.2(b)(2)(A), 248.2(b)(2)(C), 248.3(b)(2)(A), 248.3(b)(2)(B)). COVID-19 SPSL provides up to a statutory cap of \$511 daily and \$5,110 total aggregate (Labor Code §§ 248.2(b)(3)(C)).

Employee may request to use their accrued leave balances to supplement the SPSL to receive full regular pay.

For qualifying reasons #1-7 below, COVID-19 SPSL provides up to a statutory cap of \$511 daily and \$5,110 total aggregate.

Reason for Leave between January 1, 2021 and September 30, 2021:

Employees whose hours are reduced by the City or due to a worksite closure because there is no work for the employees to perform, are not entitled to paid leave under this law. In these situations, the employees are not being prevented from working hours due to a COVID-19 qualifying reason.

In order to qualify for SPSL, the employee must be unable to work or telework due to one of the following reasons:

- () 1. Employee is subject to a governmental quarantine or isolation order related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. (Labor Code §§ 248.2(b)(1)(A), 248.3 (b)(1)(A)).

- () 2. Employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19 (may be required to provide written documentation by a health-care provider or COVID-19 testing site advising the employee to self-quarantine for concerns related to COVID-19). (Labor Code §§ 248.2(b)(1)(B), 248.3(b)(1)(B)).
- () 3. Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Employee is taking affirmative steps to obtain a medical diagnosis). (Labor Code §§ 248.2(b)(1)(E), 248.3(b)(1)(E)).
- () 4. Employee has a need to care for a family member who is subject to governmental quarantine/isolation order or has been advised to self-quarantine due to concerns related to COVID-19. Employee may be asked to provide the name of the health care provider who advised the family member to self-quarantine for concerns related to COVID-19 and the government agency that issued the quarantine or isolation order to which the family member is subject to, and the relationship to the employee. (Family member is defined as a child regardless of age or dependency status; biological, adopted, or foster child, stepchild, legal ward, or a child whom the employee stands in loco parentis; 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; spouse, a registered domestic partner; grandparent; grandchild; and sibling). (Labor Code §§ 245.5(c); 248.2(b)(1)(F)).
- () 5. Employee is unable to work or telework due to caring for the employee's minor child or a child 18 years or older incapable of self-care because of mental or physical disability because the child's school or child-care provider is closed or unavailable for reasons related to COVID-19 on the premises (Employee must provide the name of the child being cared for, the name of the school, place of care, or child care provider that has closed or become unavailable; and a statement from the employee that no other suitable person is available to care for the child). (Labor Code §§ 248.2(b)(1)(G), 248.3(b)(1)(G)).
- () 6. Employee is attending an appointment to receive a vaccine for protection against COVID-19 (may be required to show proof of vaccination). (Labor Code §§ 248.2(b)(1)(C), 248.3(b)(1)(C)).
- () 7. Employee is experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework (may be required to show proof of vaccination or obtain a doctor's certification for illness). (Labor Code §§ 248.2(b)(1)(D), 248.3(b)(1)(D)).

During my leave, I can be reached at: _____
 (please list personal telephone number and email address)

My regular work schedule is (days and hours): _____

I would like to supplement my eligible leave accruals to receive difference in pay: Y ___ N ___

I understand that I will be required to provide timely medical or other certification as a condition of obtaining SPSL, unless the certification cannot practicably be obtained. I understand that it is my obligation to discuss any inability to obtain the requested certification with a management representative in Human Resources.

I understand that SPSL does not run concurrent with Workers' Compensation salary continuation, nor is it available to run concurrently for the same reasons under Cal/OSHA Emergency Temporary Standards ("COVID-19 Regulations"), which provides for compensation for workplace exposures.

Employee Signature/Acknowledgment:

By submitting this request for SPSL, I certify that all information provided in this request form is true and accurate. I will update my supervisor and Human Resources if my availability for work changes or if my ability to work or telework changes. I understand that, if I am provided SPSL due to childcare obligations, I am obligated to return to my regular work schedule (whether part-time or full-time) if my childcare obligations cease. If my childcare obligation need is reduced, I will contact my supervisor to discuss options. I understand that my request (if approved) will be processed for the applicable dates of such leave and paid on the closest possible pay period based on when the form is completed by me, signed by my department head, and received by Human Resources.

_____ Employee's Signature	_____ Date
_____ Department Director or designee	_____ Date
_____ Executive Director of Human Resources or designee	_____ Date

***HOW DO I REQUEST TO USE FAMILY AND MEDICAL CARE LEAVE (FMLA)?** All employees requesting FMLA leave must contact BASIC FMLA (the City's third party FMLA provider) of their need for leave as soon as practicable. Employees must call the automated IVR line **1-877-720-6032** or access <https://absence.basiconline.com> and provide the **IVR# 877-720-6032** and the **employee's City ID** number. BASIC FMLA will comply with the legal requirements of providing the employee with any Department of Labor (DOL) required notices.

****Form is subject to revisions if the law changes or is modified.**