

**REQUEST FOR AB 84 COVID-19 SUPPLEMENTAL PAID SICK LEAVE  
1/1/22 THROUGH 9/30/22**

Employee Name				
Department/Site				SS# xxx-xx-
Requested Leave Dates	Start Date <i>(First day on leave)</i>		End Date <i>(Last day on leave)</i>	

**ELIGIBLE EMPLOYEE MAY REQUEST REIMBURSEMENT if the employee is unable to work for the following Covid-19 related reason(s). (Check appropriate box):**

- ☐ (A) The covered 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.
- ☐ (B) The covered employee has been advised by a health care provider to isolate or quarantine due to COVID-19.
- ☐ (C) The covered employee is attending an appointment for themselves or a family member to receive a vaccine or a vaccine booster for protection against COVID-19, subject to limitations.
- ☐ (D) (i) The covered employee is 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.
- ☐ (E) The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ (F) the covered employee is caring for a family member who is subject to an order or guidance as described in (A) above.
- ☐ (G) The covered employee is caring for a child, as defined in subdivision (c) of Section 245.5, whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

- ⇒ Reimbursement not to exceed the total number of hours the covered employee is normally scheduled to work in one week.
  - Full time employees: Not to exceed 40 hours/5 days.
  - Part-Time Employees prorated based on the number of hours the employee is normally scheduled to work-not to exceed 5 days.
- ⇒ A covered employee is entitled to additional COVID-19 supplemental paid sick leave in an amount not to exceed 40 hours/five days if the covered employee, or a family member for whom the covered employee is providing care, tests positive for COVID-19.
  - Employee is required to submit a PCR COVID test, taken at an approved County COVID test site or at a District site with the COVID Clinic, on or after the fifth day of quarantine and submit documentation of those results.
  - If the employee requests to use additional leave because a family member for whom they are providing care tests positive for COVID-19, the employee will be required to provide documentation of that family member's test results before receiving the additional leave.
- ⇒ The total maximum amount of COVID-19 Supplemental paid sick leave shall not exceed 80 hours. Employee will be paid at their regular rate of pay, not to exceed the maximum rate of \$511/day, \$5,110 in total for the period **January 1, 2022 through September 30, 2022**.

**PROVISIONS FOR LEAVE SHALL EXPIRE SEPTEMBER 30, 2022. NO LATE SUBMISSIONS WILL BE ACCEPTED.**

☐ **I HAVE READ AND UNDERSTAND THE REQUIREMENTS FOR 2022 COVID-19 SUPPLEMENTAL PAID SICK LEAVE**

**Certificated/Management employees whose daily rate of pay exceeds the SPSP maximum rate.**

If your daily rate of pay exceeds the daily SPSP cap of \$511 per day, you may request to supplement the balance of each day with your available paid leave. Please check the appropriate box if you wish to supplement your pay: ☐ **Sick leave** ☐ **Vacation**  
If no box is checked, you will be paid at the maximum SPSP cap.

**By signing below, I hereby acknowledge that I am unable to work because of the COVID-19 reason checked above and I have read and understand the requirements to take leave.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

PEOPLE SERVICES USE ONLY    Date Received: \_\_\_\_\_    Employee EIN # \_\_\_\_\_

COVID Log/Questionnaire Date \_\_\_\_\_    Positive COVID Test Result Received: \_\_\_\_\_    Eligible # days: ☐ 5 days ☐ 10 days