

COVID-19 Supplemental Paid Sick Leave Request For Requests from January 1, 2021 - September 30, 2021

Name: _____ Dept.: _____

EMPID: _____ Position Title: _____

The City of Sacramento will provide up to two (2) weeks or 80 hours of COVID-19 Supplemental Paid Sick Leave (SPSL) to covered employees only if that covered employee is unable to work or telework due to the qualifying reasons related to COVID-19, as outlined below.

I am requesting COVID-19 Supplement Paid Sick Leave on the following date(s) for the qualifying reason checked below:

Start Date: _____ through End Date: _____
(Required) (Required)

Reason for COVID-19 Supplemental Paid Sick Leave:

1. I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer who has jurisdiction over the workplace. (Enter quarantine start and end dates above.)
2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (Enter quarantine start and end date above.)
3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. (Enter date(s) above)
4. I am caring for a family member (minor or adult child, parent, spouse, registered domestic partner, parent-in-laws, grandparent, grandchild, and sibling) who is subject to a quarantine or isolation period, or who has been advised to self-quarantine due to COVID-19.
5. I am caring for a child whose school or place of care is closed or unavailable for reasons related to COVID-19 on the premises. (Enter date(s) above)
6. I am attending an appointment to receive a COVID-19 vaccination.
Date(s) of vaccination appointment: _____ Hour(s) needed: _____
7. I am experiencing symptoms related to a COVID-19 vaccine that prevent me from being able to work or telework. (Enter date(s) above)

Duration and Pay Rate for Covered Employees:

Pursuant to SB 95 CA COVID-19 Supplemental Paid Sick Leave (SPSL) is available for use through September 30, 2021. If the law expires while an employee is on a COVID-19 Supplemental Paid Sick Leave, the employee may finish taking the leave up to the entitled 80 hours.

- Full-time employees may receive up to 80 hours of supplemental paid sick leave at the employee’s regular rate of pay. Pay will not exceed \$511 per day and \$5,110 in total.
- Part-time covered employees are entitled to a pro-rated amount of supplemental paid sick leave based on a specific calculation.

Acknowledgement and Signature:

By signing below, I acknowledge that the above request for COVID-19 Supplemental Paid Sick Leave is true and correct.

Employee Signature

Date

Department Director or Designee (Print Name)

Signature of Department Director or Designee

Date

Please submit completed forms to: loarequest@cityofsacramento.org

FOR HR DEPARTMENT USE ONLY:

Date: _____ Request is (initials): Approved: _____ Denied: _____

If the request for supplemental paid sick leave was denied, please indicate reason below: