



California COVID-19 Supplemental Sick Leave (SB 95) Request Form

PLEASE TYPE OR PRINT

Name: Last		First	Middle	Phone Number		Employee Number (DO use only)
Street Address/PO Box			City	State		Zip Code
Date Leave Requested From:		Date Leave Requested To:		Requesting Continuous or Intermittent Time:		Department / Site
				<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		

INSTRUCTIONS:

A covered employee may take leave if the employee is unable to work or telework for any of the following reasons. Select a reason below for your COVID-19 Supplemental Sick Leave request and attach the required document.

I am requesting Supplemental Sick Leave under the COVID-19 Supplemental Sick Leave (SB 95) for the following reason(s):

- (1) I am ***subject to quarantine or isolation order related to COVID-19 by federal, state, or local government***
 - I have attached a copy of the documentation from the government entity or health care provider that issued the order **or**;
 - I completed section (1) of page two

- (2) I have ***been advised to self-quarantine related to COVID-19 by a healthcare provider***
 - I have attached a copy of the documentation from the health care provider who gave the advice **or**;
 - I completed section (2) of page two.

- (3) The employee is attending an appointment to receive a vaccine for protection against COVID-19.

- (4) The employee is experiencing symptoms related to a COVID-19 vaccine that prevents him or her from being able to work or telework.

- (5) I am experiencing COVID-19 symptoms and seeking medical diagnosis
 - I completed section (5) of page two

- (6) I am caring for an individual who is subject to (1) or (2) above:
 - I have attached a copy of the documentation from the government entity or health care provider that issued the order **or**;
 - I completed section (6) of page two;

- (7) I am caring for a dependent child (under 18) whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19.
 - I have attached documentation from my child's school, placement of care facility, or caregiver **or**;
 - I completed section (7) of page two.

Continue to page 2



California COVID-19 Supplemental Sick Leave (SB 95) Request Form

Employee's Name:	Worksite Location:	Supervisor:
------------------	--------------------	-------------

This form is to be filled out if from box checked on page 1 in the corresponding section below.

- (1) *Government entity and/or health care provider that issued the order:*

Name: _____
Address: _____
Telephone: _____

- (2) *Government entity and/or health care provider that issued the order:*

Name: _____
Address: _____
Telephone: _____

- (3) *Appointment Date:* _____

- (4) *Appointment Date:* _____

- (5) *Government entity and/or health care provider that you will be seeking medical advice from:*

Name: _____
Address: _____
Telephone: _____

- (6) *Individual you are caring for and the relationship to employee of the Columbia Elementary School District, and the government entity and/or health care provider that issued the order:*

Name of Individual: _____
Relationship: _____
Name of government entity or health care provider: _____
Address: _____
Telephone: _____

- (7) *Dependent child and school, place of care, or caregiver:*

Name of child: _____ Age of child: _____
School/place of care/caregiver: _____
Address: _____
Telephone: _____

My signature below assures that I meet the criteria listed above and qualify for COVID-19 Supplemental Sick Leave (SB 95) as I am unable to work or telework, either at an assigned work site or in a remote assignment offered by the Junction Elementary School District.

Signature

Date

Submit completed form to the School Office, attn.: Elizabeth Paris.

2021 COVID-19 Supplemental Paid Sick Leave

Effective March 29, 2021

Covered Employees in the public or private sectors who work for employers with more than 25 employees are entitled to up to 80 hours of COVID-19 related sick leave from January 1, 2021 through September 30, 2021, immediately upon an oral or written request to their employer. If an employee took leave for the reasons below prior to March 29, 2021, the employee should make an oral or written request to the employer for payment.

A covered employee may take leave *if the employee is unable to work or telework for any of the following reasons:*

- 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 provider 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.

Paid Leave for Covered Employees

- 80 hours for those considered full-time employees. Full-time firefighters may be entitled to more than 80 hours, caps below apply.
 - For part-time employees with a regular weekly schedule, the number of hours the employee is normally scheduled to work over two weeks.
 - For part-time employees with variable schedules, 14 times the average number of hours worked per day over the past 6 months.
- Rate of Pay for COVID-19 Supplemental Paid Sick Leave: Non-exempt employees must be paid the highest of the following for each hour of leave:
 - Regular rate of pay for the workweek in which leave is taken
 - State minimum wage
 - Local minimum wage
 - Average hourly pay for preceding 90 days (not including overtime pay)
- Exempt employees must be paid the same rate of pay as wages calculated for other paid leave time.

Not to exceed \$511 per day and \$5,110 in total for 2021 COVID-19 Supplemental Paid Sick leave.

Retaliation or discrimination against a covered employee requesting or using COVID-19 supplemental paid sick leave is strictly prohibited. A covered employee who experiences such retaliation or discrimination can file a claim with the Labor Commissioner's Office. Locate the office by looking at the [list of offices on our website](http://www.dir.ca.gov/dlse/DistrictOffices.htm) (<http://www.dir.ca.gov/dlse/DistrictOffices.htm>) using the alphabetical listing of cities, locations, and communities or by calling 1-833-526-4636.

This poster must be displayed where employees can easily read it. If employees do not frequent a physical workplace, it may be disseminated to employees electronically.



Copyright © 2021 State of California, Department of Industrial Relations. Permission granted to display, perform, reproduce and distribute exclusively for nonprofit and educational purposes, and may not be used for any commercial purpose. All other rights reserved.