



COVID-19 Supplemental Paid Sick Leave - Employee Paid Leave

Bill SB 95 requires public school districts to provide their employees with paid sick leave for specified reasons related to COVID-19. These provisions will apply retroactively from January 1, 2021 through September 30, 2021.

Name of Employee: _____ Date(s) of Absence: _____

Site: _____ Position: _____ Current Work Hours: _____

Comments: _____

Who is covered:

- For full-time employees are entitled to up to 80 hours of COVID-19 related sick leave from January 1, 2021 through September 30, 2021.
- 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. 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.

Qualifying Reason for Leave:

1. 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.

2. Has been advised by a health care provider to self-quarantine related to COVID-19.

Note: Documentation may be required.

Name of healthcare provider who advised me to self-quarantine: _____

3. Is experiencing COVID-19 symptoms and seeking medical diagnosis.

Note: Documentation may be required.

4. Attending an appointment to receive a COVID-19 vaccine.

Appointment date: _____

5. Experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework.

6. Is caring for an individual subject to an order described in (1) self-quarantine or as described in (2). *“Individual”* means the employee’s immediate family member, a person who regularly resides in the employee’s home, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she were quarantined or self-quarantined.

Note: Documentation may be required

Name of government entity that issued the order:

7. Is caring for a child whose school is closed (or childcare provider is unavailable) for reasons related to COVID-19.

Note: Documentation may be required

Name of child (or children) being cared for:

Name(s) of school(s), place(s) of care, or childcare provider(s) that closed or became unavailable:

I attest that no other suitable person will be caring for my child/children listed above during the period for which I am taking leave under the COVID-19 EPSLA.

Employee Electronic Signature: _____

By typing your first and last name, you agree your electronic signature is the legal equivalent of your manual signature on this form.