

California 2022 Supplemental Paid Sick Leave Pay Request Form

I have experienced an absence that qualifies for paid leave under California 2022 Supplemental Paid Sick Leave on the dates listed below. I understand there are two banks of leave which I may be entitled, and by selecting my qualified reason for leave below, I am choosing to have my leave be paid from the specified bank of leave. My absence was due to the following qualified reason (check the applicable box):

Leave Bank #1:

- I was 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.
- A health care provider advised me to isolate or quarantine due to COVID-19.
- I was experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I was caring for my child / parent / spouse / registered domestic partner / grandparent / grandchild / sibling (circle one) who is subject to an order or guidance, or who has been advised to isolate or quarantine.
- I was caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.
- I tested positive for COVID-19 and cannot provide the required documentation of my positive test result.
- I am caring for my child / parent / spouse / registered domestic partner / grandparent / grandchild / sibling (circle one) who tested positive for COVID-19 and cannot provide the required documentation of their positive test result.
- I was attending my own appointment to receive a COVID-19 vaccine. This was my first dose / second dose / booster (circle one).*
- I was attending an appointment for my child / parent / spouse / registered domestic partner / grandparent / grandchild / sibling (circle one) to receive a vaccine or a vaccine booster for protection against COVID-19, this was the family members first dose / second dose / booster (circle one).*
- I was experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevented me from being able to work or telework.*

My relationship to the family member (if caring for a family member) is:

_____.

***Note:** Paid leave taken for the last three qualifying reasons is limited to total to 3 days or 24 hours, including the time to receive the vaccine or booster, unless the employee provides verification from a health care provider that the covered employee or their

family member is continuing to experience symptoms related to a COVID-19 vaccine or booster. This limit applies to each vaccine or booster related leave.

Leave Bank #2:

- I tested positive for COVID-19 and have provided proper documentation as to my positive test result.
- I am caring for my child / parent / spouse / registered domestic partner / grandparent / grandchild / sibling (circle one) who tested positive for COVID-19 and have provided proper documentation as to their positive test result.

I am requesting to be paid my available, unused, supplemental sick pay, if any, for the number of hours listed below.

Sick Date(s) Taken: _____	Number of Hours: _____
_____	Number of Hours: _____
_____	Number of Hours: _____
_____	Number of Hours: _____
_____	Number of Hours: _____

Date: _____

Employee Name: _____

Employee Signature: _____

Employer / Supervisor to complete:

Employee is a full-time / part-time employee (circle one).

At the time of the request, employee is entitled to _____ hours of leave.

Employee has provided documentation of their own / a family member's (circle one) COVID-19 positive test. Yes / No (circle one).

If the absence was due to the employee's own positive COVID-19 case, the employee has been provided an at home test or directed to obtain testing at a scheduled appointment and provide documentation as to their test results. Yes / No (circle one).