# COVID – 19 Supplemental Paid Sick Leave

# California Law effective on February 19, 2022

# Eligible Leave Period

#  January 1, 2022 – September 30, 2022

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: [ ] Full time [ ] Part time [ ] Sub Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

Work site location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Leave Dates**: From \_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intermittently: [ ]  Yes [ ]  No

 [ ]  Monday thru Friday **or**  Check days: M [ ]  T [ ]  W [ ]  Th [ ]  Fri [ ]

 [ ]  Full day(s) [ ]  Partial day(s)

Information needed for partial workday leave: \_\_\_\_ hours per day Start/End time: \_\_\_\_\_/\_\_\_\_\_\_

Full time permanent employees working 40 hours a week may be eligible up to 40 hours of supplemental paid sick leave capped at $511 per day. Full time permanent employees working less than 40 hours per week may be eligible for supplemental paid sick leave equivalent to the total number of hours scheduled to work in a week capped at $511 per day.

*Bank 1 - First qualifying reason (up to 40 hours, prorated for part-time):*

[ ]  Subject to quarantine or caring for a family member who is subject to quarantine

[ ]  Attending COVID vaccine or COVID booster for yourself or family member

[ ]  You or a family member is suffering from symptoms related to COVID vaccine or COVID Booster

 and is unable to work [[1]](#endnote-1)

[ ]  Symptomatic and waiting for test result to confirm COVID

[ ]  Caring for a child whose school or place of care is closed due to COVID

*Bank 2 – Second qualifying reason (up to 40 hours, prorated for part-time):*

[ ]  Tested positive for COVID or family member tests positive for COVID [[2]](#endnote-2)

Please include proof of positive COVID test when returning this form to Benefits

## *Employees who earn more than $511 per day have the option to supplement dock with other paid leave. Prorated eligible hours for less than full time.* Retroactive Leave time will count against your COVID-19 Supplemental allocation.

## □ I elect to use other paid leave to supplement my SB114 leave

**SIGNATURE OF EMPLOYEE DATE SIGNED**

#  For Human Resource Branch Use Only

□ APPROVED □ DENIED

HR Approved by Date Approved

 □INTERNAL MANAGEMENT PROCESS (NO PAF) APPROVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return form to Leanna Morgan, Director Human Resources, at 460 Fifth Street, Hollister, Ca 95023.**

1. Medical documentation only needed if employee is taking more than 3 days of leave for this reason [↑](#endnote-ref-1)
2. Proof of test required to qualify for this bank of leave. If employee refuses to provide proof, they will not be eligible for this leave [↑](#endnote-ref-2)