**COVID-19 SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM**

Pursuant to Senate Bill 98, employees who are unable to work or telework for the reasons noted below may access COVID-19 Supplemental Paid Sick Leave between January 1, 2021 and September 30, 2021.

**Logo

Description automatically generatedEmployee Name:** **Employee ID:** **Job Title:** **School/Dept:**        
**Dates of absence:**

***Full-time employees may receive up to 80 hours of COVID-19 Supplemental Paid Sick Leave.  Part-time employees may receive COVID-19 Supplemental Paid Sick Leave up to the number of hours that they are normally scheduled to work over a two-week period.  Pay for COVID-19 Supplemental Paid Sick Leaves shall not exceed $511 per day up to $5,110 total.***

An employee is entitled to COVID-19 Supplemental Paid Sick Leave if the employee is still employed, if there is work to be performed but the employee is unable to work or telework for one of the following reasons.

**Please check the appropriate qualifying reason and provide the requested information:**

1) I am unable to work due to a quarantine or isolation order issued by the California Department of Public Health, the Federal Centers for Disease Control or local public health officer.

2) I am unable to work due to direction to self-quarantine by a healthcare provider due to concerns related to COVID-19.

3) I am attending an appointment to receive a vaccine for protection against contracting COVID-19

4) I am experiencing symptoms related to a COVID-19 vaccine that prevent me from working or teleworking.

5) I am unable to work due to symptoms of COVID-19 and I am seeking diagnosis by a healthcare provider. (medical certification may be requested)

6) I am caring for a family member who is subject to a quarantine or isolation order issued by the California Department of Public Health, the Federal Centers for Disease Control, or a local public health officer or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.    
Name of Person:       Relationship:

7) I am caring for my child because their school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.     
Name(s) and age(s) of dependent children in household whose school/place of care is unavailable:         
Name(s) of school(s) or childcare facility(ies) unavailable:

I hereby attest that I meet the criteria listed above and qualify for COVID-19 Supplemental Paid Sick Leave for the reason(s) noted above.

Please send this form via email to [Jorge.mora@cvesd.org](mailto:Jorge.mora@cvesd.org)