



2021 COVID-19 Supplemental Paid Sick Leave Request

Under the 2021 COVID-19 Supplemental Paid Sick Leave law, employees who cannot work or telework due to the reasons listed below are entitled to up to 80 hours of paid sick leave* for the COVID-related reasons listed below. This is in addition to leave that was provided under previous laws which expired on December 31, 2020 (i.e., EPSL, COVID Supplemental Paid Sick Leave). This leave is available through September 30, 2021.

Employee Name: _____

Department: _____ Position: _____

Status: Regular Full or Part Time _____ Fixed-Term _____ Temporary _____

Leave Start Date _____ Leave End Date _____ Hours per day: _____

I certify that I am unable to work (or telework) for one of the following reasons: *(initial one)*

1	I am subject to a quarantine or isolation period related to COVID-19 <i>(The order or guidelines must be specific to the employee's circumstances. A general stay-at-home order does not count)</i>
2	I have been advised by a health care provider to quarantine due to COVID-19.
3	I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.
4	I am caring for a family member who is either subject to a quarantine or isolation period related to COVID-19 or has been advised by a healthcare provider to quarantine due to COVID-19
5	I am caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.
6	I am attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms

Daily caps: Leave is paid at your regular rate of pay, capped at \$511 per day (\$5,110 in total), but you may utilize other accrued paid leave to be made "whole" if the cap is reached. Active firefighters who were scheduled to work more than 80 hours in the two weeks before the leave is taken, can take as many hours as they were scheduled, but the law limits the amount paid to the maximum of \$511 per day or \$5,110 in total.

____ Please apply accrued Sick Leave if I exceed the daily cap noted above *(vacation will be used if sick leave is insufficient)*

Signature: _____ Date: _____

HR Use: Approved by: _____

Leave Code: 61cvda Denied (reason) _____

Hourly Rate _____