



2022 COVID-19 Supplemental Paid Sick Leave (SPSL) Request

Please Check one of the 2 options below:

I, _____, am requesting to use **Symptom/Quarantine/Vaccine Supplemental Paid Sick Leave** (up to 40 hours depending on FT status) and certify I am unable to work or telework for one of the following reasons:

Start Date: _____ **End Date:** _____ **Hours per day:** _____ **Total Hrs:** _____

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- I have been advised by a health care provider to self-quarantine or isolate due to COVID-19.
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Relationship to employee _____.
- I am caring for my child whose school or place of care is closed or otherwise unavailable, due to COVID-19 on the premises.
- I am attending an appointment for me, or a family member, to receive a COVID-19 vaccine or vaccine booster¹. *Supervisor signature required below.*
- I am experiencing symptoms, or caring for a family member experiencing symptoms, related to receiving a COVID-19 vaccine or vaccine booster that prevent the employee from working or teleworking¹.

OR - please use a separate form if you need leave for both options.

I, _____, am requesting to use **Positive Test Result Supplemental Paid Sick Leave** (up to 40 hours depending on FT status) and certify I am unable to work or telework for one of the following reasons (*you MUST attach positive test results*):

Start Date: _____ **End Date:** _____ **Hours per day:** _____ **Total Hrs:** _____

- I have tested positive for COVID-19 and have enclosed a copy of my test results.
- I am caring for an individual who has tested positive for COVID-19 and have enclosed a copy of those test results. Relationship to employee _____

Wage Replacement:

Employees are compensated at their regular rate of pay, excluding overtime, capped at \$511 per day. Employees may supplement the SPSL with other accrued leaves to reach full pay by checking below.

- Please apply accrued Sick Leave if my daily rate exceeds the daily cap noted above (*vacation will be used if sick leave is insufficient*)

I understand that if my circumstances change, I must immediately inform my supervisor and Human Resources and may be directed to report back to work (or telework).

Employee Signature

Date

Vaccine Related Request - Supervisor Approval _____

Please see the 2022 Supplemental Paid Sick Leave FAQs for more information.

Submit completed form to human.resources@cityofsanrafael.org

¹ Up to 24 hours of sick leave may be used to obtain the vaccine/ booster and for any subsequent symptoms