



LONG BEACH CITY COLLEGE

REQUEST FOR COVID-19 PAID SICK LEAVE

Effective April 1, 2020 - December 31, 2020

Employee Name: _____

Date of Request: _____

Department: _____

Position Title: _____

Hire Date: _____

Date Leave Begins: _____

Expected Duration of Leave: _____

Work Schedule: _____

I am unable to work or telework and request to use COVID-19 Paid Sick leave for the following reason (check one):

Proof of eligibility will be requested for all options

Options 1 – 3 Eligible for full pay

- _____ 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
- _____ 2. I have been advised by a health care provider to self-quarantine related to COVID-19
- _____ 3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

Options 4 – 6 Eligible for 2/3 pay

- _____ 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- _____ 5. I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
 Child/Children name(s): _____
 School District name: _____
- _____ 6. I am experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

Method of Leave Requested

- _____ **A.** Consecutive Leave (Date Range): _____
- _____ **B.** Intermittent or Reduced Leave Schedule*

*Intermittent or Reduced Leave scheduling will be **determined on a case-by-case basis**. Unless you are teleworking, once you begin taking paid sick leave for one or more of these qualifying reasons, you must continue to take paid sick leave each day until you either (1) use the full amount of paid sick leave or (2) no longer have a qualifying reason for taking paid sick leave. This limit is imposed because if you are sick or possibly sick with COVID-19, or caring for an individual who is sick or possibly sick with COVID-19, the intent of the Families First Coronavirus Response Act (FFCRA) is to provide such paid sick leave as necessary to keep you from spreading the virus to others.

Pay Option Under COVID-19:

This Act is Effective beginning April 1, 2020 and will sunset on December 31, 2020

- The first 10 days of leave are unpaid but an employee has two options to maintain their salary during this period. An employee may request to use the 80 hours of Emergency Paid Sick Leave or an employee may substitute any accrued paid leave.
- After the first 10 days, an employee will be paid at 2/3rd of his/her regular rate of pay. This additional 2/3rd pay is limited to \$200 per day or \$10,000 total for the remaining 10 weeks.

Employee's Signature: _____

Date: _____