

## REQUEST FOR COVID-19 SUPPLEMENTAL PAID SICK LEAVE (CSPSL)

Effective January 1, 2021 - September 30, 2021

Employee Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Weekly Work Hrs: \_\_\_\_\_  
 Dates of Leave: \_\_\_\_\_ Requested Hrs: \_\_\_\_\_

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

1	Subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer who has jurisdiction over the workplace.
2	Being advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3	Attending an appointment to receive a vaccine for protection against contracting COVID-19.
4	Experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework.
5	Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
6	Caring for a family member who is subject to a quarantine or isolation order or guideline or who has been advised to self-quarantine. Family member: _____
7	Caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises. Child(ren): _____

**Full-time Employees:**

Full-time employees are entitled to 80 hours of COVID-19 supplemental paid sick leave.

**Part-time Employees:**

If an employee is not considered full time, his or her schedule and length of employment will determine the amount of leave entitlement. Please contact Human Resources.

Currently, the amount paid for supplemental paid sick leave is capped at \$511 per day, and an aggregate \$5,110 total. Employees who reach the maximum supplemental leave payout may use other available paid leave to supplement their salary so that they earn up to 100% of their regular salary.

If applicable, I request to supplement CSPSL with other available paid leave.
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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_