



# COVID-19 Emergency Leave Request Form

In response to the COVID-19 crisis, California Supplemental Paid Sick Leave (SPSL) provides emergency pandemic sick pay to employees if they are unable to work or telework because of the COVID-19 virus.

**Please fill out this form completely and legibly**

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_ Employee Phone Number: \_\_\_\_\_

Leave Dates Requested: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

**Leave Reason(s):** (If multiple reasons, please indicate dates for each)

- I am unable to work or telework because I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
- I am unable to work or telework because I tested positive for COVID-19.
- I am unable to work or telework because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. [Payroll code for timesheet: 2EP]  
Name of government agency issuing the order: \_\_\_\_\_  
Name of the healthcare provider: \_\_\_\_\_
- I am unable to work or telework because I am attending an appointment to receive a COVID-19 vaccine or vaccine booster.
- I am unable to work or telework because I am experiencing COVID-19 vaccine or vaccine booster side-effects.
- I am unable to work or telework due to the need to care for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
Name of the individual I am caring for: \_\_\_\_\_  
Relationship of the individual to me: \_\_\_\_\_  
Name of the government agency issuing the order: \_\_\_\_\_  
Name of the health care provider (Doctor's Name): \_\_\_\_\_
- I am unable to work or telework because I am caring for a family member who tested positive for COVID-19.
- I am unable to work or telework because I am attending an appointment for a family member to receive a COVID-19 vaccine or vaccine booster.
- I am unable to work or telework because I am caring for a family member who is experiencing COVID-19 vaccine or vaccine booster side-effects.
- I am unable to work or telework because I need to care for my child's school or care provider is closed or unavailable due to COVID-19 on the premises.  
Name of my son/daughter needing my care: \_\_\_\_\_  
Name of their school or daycare that is closed or unavailable: \_\_\_\_\_

Additional information I wish to provide regarding my request for SPSL:

**I certify that I have read the California Supplemental Paid Sick Leave ("SPSL") Policy and completed this form completely, accurately and in accordance with the guidelines of the policy.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to your supervisor no later than 9:00am on the Monday proceeding the Friday on which you are usually paid.**