



# COVID-19 Emergency Leave Request Form (rev.3.26.21)

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. (Note: You must provide your direct supervisor documentation indicating it is safe for you to work before returning to work.) [Payroll code for timesheet: 1EP]
- 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: 1EP]  
Name of government agency issuing the order: \_\_\_\_\_  
Name of the healthcare provider: \_\_\_\_\_
- I am unable to work or telework because I am receiving a COVID-19 vaccine [Payroll code for timesheet: 1EP]
- I am unable to work or telework because I am experiencing COVID-19 vaccine side-effects [Payroll code for timesheet: 1EP]
- 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. [Payroll code for timesheet: 1EP]  
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 need to care for my son or daughter (under age 18; or age 18 or older with a disability and incapable of self-care) whose school or care provider is closed or unavailable due to COVID-19 on the premises [Payroll code for timesheet: 1EP]  
Name of my son/daughter needing my care: \_\_\_\_\_  
Name of their school or daycare that is closed or unavailable: \_\_\_\_\_

**Negative Vacation or Annual Leave Request (up to 80 hours):**

- To request negative leave, you must exhaust all other leave balances (e.g., sick, vacation, annual leave, floating holidays, etc.). Employees may not use negative leave hours to integrate with other benefits to achieve full pay. If you have a negative leave balance, it may impact your bid vacation for FY2021. If you end employment with MTS, any negative hours will be deducted from your final check or paid back another way that has been approved by HR.

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.**