

City of Delano

Employee Request Form for Retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Employee Name: _____

Date of Request: _____

Department: _____

Position Title: _____

Please complete and return to Human Resources if you are requesting COVID-19 Supplemental Paid Sick Leave (“SPSL”) retroactively for leave taken on or after January 1, 2022 and prior to February 25, 2022.

For the purposes covered by this form, the term “Family Member” means the employee’s child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling. See Labor Code section 245.5, subdivision (c) for additional information.

Request for Leave Credit and Payment for Retroactive SPSL:

_____ I am requesting that the City retroactively provide me SPSL in order to either provide me compensation for unpaid leave that I took or reimburse me for paid leave that I used because I was unable to work or telework for the following reason(s) on or after January 1, 2022 and prior to February 25, 2022:

Qualifying Reasons 1-7:

1. _____ I was subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. The government agency that issued the quarantine or isolation order was:

(e.g., state, county, city)

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

2. _____ I was advised by a health care provider to isolate or quarantine due to COVID-19. The name of the health care provider who advised me to isolate or quarantine due to COVID-19 was: _____

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

3. _____ I attended an appointment either for myself or a Family Member to receive a vaccine or a vaccine booster for protection against COVID-19. The vaccination appointment was on: _____ (date) at _____ (time)

The Family Member who was vaccinated was: _____

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

4. _____ Either I or a Family Member in my care was experiencing symptoms related to a COVID-19 vaccine or a vaccine booster.

I understand that for each vaccination or vaccine booster, the City limits the total SPSL that I may use up to **3 days** unless I provide verification from a health care provider that I was or my Family Member was continuing to experience symptoms related to the COVID-19 vaccine or vaccine booster past the three days.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

5. _____ I was experiencing symptoms of COVID-19 and was seeking a medical diagnosis.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

6. _____ I was caring for a Family Member who is either (1) subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, or (2) who has been advised to isolate or quarantine by a health care provider.

The Family Member I was caring for was: _____
(state the relation of the Family Member for whom you are providing care)

The government agency that has issued the quarantine or isolation order was: _____
(e.g., state, county, city)

The name of the health care provider who advised my Family Member to isolate or quarantine due to COVID-19 was: _____

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

7. _____ I was caring for my child whose school or place of care was closed or otherwise unavailable for reasons related to COVID-19 on the premises of the school or place of care. The name of the school or place of care that was closed or otherwise unavailable was:

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

Qualifying Reason 8:

8. _____ I tested positive for COVID-19, or a Family Member for whom I provide care tested positive for COVID-19.

The Family Member I provide care for was: _____
(state the relation of the Family Member for whom you are providing care)

AND

_____ I agree to provide the City documentation of the positive test result if I have such documentation.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

The dates of your prior leave must lie between January 1, 2022 and February 25, 2022. If the dates for which you are requesting retroactive SPSL are after February 25, 2022, please fill out the “Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave”.

Employee Signature

Date

For Human Resources Use Only:

Signature of Human Resources Personnel

Date Request Received by Human Resources: _____