



2022 CA Supplemental Paid Sick Leave (SPSL) Request Form

Please email this completed form to covid@seta.net.

Employee Name: _____ Cell Phone #: _____

Site Name: _____ Supervisor Name: _____

I am **unable to work or telework** due to one of the following qualifying reasons between January 1, 2022 through September 30, 2022:

COVID-Related SPSL (up to 40 hours) Please check one:

Vaccine-Related: I have attended a vaccine or booster appointment for myself or a family member* or cannot work or telework because I have vaccine-related symptoms or am caring for a family member with vaccine-related symptoms. **Time is limited to 24 hours or 3 days of leave for each vaccination or booster appointment and any consequent side effects unless a health care provider verifies that more recovery time is needed.**

_____ Date(s) _____ Total # of hours

Caring for Yourself: I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer with jurisdiction over the workplace; has been advised by a healthcare provider to quarantine; or is experiencing COVID-19 symptoms and seeking a medical diagnosis.

_____ Date(s) _____ Total # of hours

Caring for a Family Member*: The covered employee is caring for a family member* who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provider to quarantine due to COVID-19, or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

_____ Date(s) _____ Total # of hours

COVID Positive SPSL (up to an additional 40 hours):

I have tested positive for COVID-19 or I am caring for a family member* who has tested positive for COVID-19. **Documentation of the positive test result is required (including the family member's test result).**

_____ Date(s) _____ Total # of hours

Retroactive SPSL

- If the qualifying reason selected above has occurred in the past, you will receive retroactive SPSL payment if you had to take leave without pay or your used accruals will be put back in your "bank" and replaced with SPSL hours.

I certify that the above information is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Reviewed & Approved by: _____ Date: _____