**CALIFORNIA LEAVE REQUEST FORM**

**COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)**

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| *Employee Name (print clearly)* |  | *Date* |

California and federal law permit employees to request COVID-19 Supplemental Paid Sick Leave for qualifying reasons to employers with 26 or more employees, with paid leave available retroactive to January 1, 2022, and through September 30, 2022 (more information can be found [here](https://www.dir.ca.gov/dlse/COVID19resources/2022-COVID-19-SPSL-Poster.pdf)). To assist the company in generating and maintaining records relating to leave requests and usage, employees are requested to complete this form.

## Requested Period of Leave

I request the following period for my leave of absence: From to .

## Reasons for Leave

Please check all boxes that apply to your request for supplemental paid sick leave. Note: your completion and submission of this form constitutes a statement from you that you are unable to work because of the identified reason:

I am requesting time off work for the following reason(s):

* I am subject to a quarantine or isolation order related to COVID-19 issued by the following federal, state, or local government agency: . *(This includes federal state or local orders that direct individuals who live with someone who has COVID-19 to quarantine themselves, but it does not include general stay-at-home orders that are not specific to your circumstances.)*
* I have been advised to self-quarantine due to concerns related to COVID-19 by the following health care provider:

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* I am seeking a medical diagnosis regarding COVID-19 because I am experiencing symptoms of COVID-19; I have been exposed to someone with COVID-19; or I have been requested by my employer to obtain a COVID-19 test or diagnosis.
* I will be attending or have attended an appointment to receive a vaccine for protection against contracting COVID- 19, or I have experienced symptoms related to a COVID-19 vaccine that prevent me from being able to work or telework.
* I am caring for a family member (list relationship: ) who is subject to a quarantine or isolation order, or who has been advised to self-quarantine.
* I am caring for a child (name :), whose school or place of care (name: is closed or otherwise unavailable for reasons related to:
  + COVID-19 on the premises (*e.g.,* reopened school closed again because of outbreak); or
  + COVID-19 precautions (*e.g.,* school has not reopened).
* I am requesting a leave of absence for reasons other than those listed above.

Other reason:

## Further Information May be Required

Additional information, such as medical certification or other documentation related to the stated basis may be required or requested, depending upon the basis for leave and whether the company needs additional information or documentation in connection with tax or reporting requirements.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.**

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| *Employee Signature* |  | *Date* |