



2021-2022 COVID-19 Supplemental Paid Sick Leave Extension

SB 95 and California Labor Code Section 248.2 provided employees with up to 80 hours of Supplemental Paid Sick Leave (SPSL) through September 30, 2021. The District has agreed to extend these benefits through the end of the 2021-2022 school year to employees who may need additional paid leave days due to the ongoing pandemic. Employees may use this leave if they are unable to work or telework and meet one of the reasons listed below. When testing is required per the SDCOE decision tree, test results or a doctor's note must be submitted to access this leave. Employees are encouraged to use Phamatech for COVID-19 testing due to the availability of appointments and speed of results. Employees will be entitled to no more than 10 Supplemental Paid Sick Leave days (up to 80 hours), including any hours or days utilized from July 1, 2021-September 30, 2021.

Employee Name: _____ Empl ID: _____

Job Title: _____ Dept: _____

Compensation: Full-time employees (i.e. work 40 hours per week) are entitled to 80 hours of SPSL. Part-time employees with a regular weekly schedule are entitled to the number of SPSL hours equal to the number of hours the employee is normally scheduled to work over two weeks. Part-time employees with variable schedules are entitled to the number of SPSL hours equal to 14 times the average number of hours worked per day over the last 6 months. SPSL shall not exceed \$511/day and \$5,110 in total. A covered employee may take leave if the employee is unable to work or telework for any of the following reasons. **Please check the appropriate qualifying reason and answer the applicable questions:**

Caring for Yourself

Dates of Leave: _____ to _____

I am subject to a federal, state, or local quarantine or isolation period related to COVID-19, as defined by an order or guidelines of the State Department for Public Health, the federal CDC, or a local health officer who has jurisdiction over the workplace. I have been advised by a health care provider or by Poway Unified School District to self-quarantine due to concerns related to COVID-19, or I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Caring for a Family Member

Dates of Leave: _____ to _____

I am caring for a family member who is subject to a federal, state, or local quarantine or isolation order or guidelines related to COVID-19, or who has been advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19.

Name of Person Needing Care: _____ Relationship: _____

I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises (i.e. child's school is closed due to an outbreak).

Name of child & school or childcare that is closed: _____

Vaccine-Related

Dates of Leave: _____ to _____

I am unable to work or telework because I am experiencing COVID-19 vaccine-related symptoms.

***Please complete the template below to record days/hours:**

	M	T	W	TH	F
Date*					
# of hours*					
Date*					
# of hours*					

I hereby attest that I meet the criteria listed above and qualify for 2021-2022 COVID-19 Supplemental Paid Sick Leave Extension, as I am unable to work, either at an assigned work site or in a remote assignment offered by Poway Unified.

Employee Signature

Date

Supervisor Signature

Date

FOR HR/PAYROLL USE	
_____ HR Review	_____ Date
_____ Leave Entered By	_____ Date

Employee: Complete and submit form to your Supervisor. Supervisor: Email completed form and test results or a doctor's note to COVID-19-HR@powayusd.com