



# 2021 COVID-19 Supplemental Paid Sick Leave

This Act takes effect March 29, 2021. Covered Employees in the public or private sectors who work for employers with more than 25 employees are entitled to up to 80 hours of COVID-19 related sick leave from January 1, 2021 to September 30, 2021.

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Compensation: Up to 80 hours (or up to 10 days for Part-time employees based on average hours worked) of paid leave at regular rate of pay, to a maximum of \$511/day and \$5,110 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 quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace, has been advised by a healthcare provider to quarantine due to concerns related to COVID-19, or is experiencing COVID-19 symptoms and seeking a medical diagnosis.

### Caring for a Family Member

Dates of Leave: \_\_\_\_\_ to \_\_\_\_\_

I am unable to work or telework as I am 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 concerns related to COVID-19.

Name of Person Needing Care: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am unable to work or telework because I am caring for a child whose school or place of care is closed or unavailable for reasons related to COVID-19 on the premise.

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 attending a vaccine appointment and/or experiencing 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 COVID-19 Supplemental Paid Sick Leave, 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 to [COVID-19-HR@powayusd.com](mailto:COVID-19-HR@powayusd.com)**