



HARTNELL COLLEGE

## COVID-19 2022 Supplemental Paid Sick Leave (SPSL) Request Form

Employee Name: \_\_\_\_\_ Hartnell ID #: \_\_\_\_\_  
Position/Job Title: \_\_\_\_\_ Site Location/Department: \_\_\_\_\_

☐ Faculty (Full-time/Part-time) ☐ Classified: L-39/CSEA/Confidential ☐ Management ☐ Hourly or Other

Employees shall request to use Supplemental Paid Sick Leave ([SPSL](#)) to the extent their absence meets circumstances related to COVID-19, as provided under SPSL Category 1 or SPSL Category 2 below:

SPSL Category 1 = [Due To Symptoms/Side Effects/Child Care Closure](#) (timecard code "COVS")

SPSL Category 2 = [Due To COVID-19 Positive Test Result](#) (timecard code "COVT")

**To request SPSL, please check the appropriate box below indicating the SPSL reason(s) you are unable to work. (Note: Reasons may fall under Category 1 and/or Category 2).**

**SPSL Category 1: Due to Symptoms/Side Effects/Child Care** (Up to 40 hours available)

(More than one box may be checked)

SPSL is available to employees who cannot work or telework if the employee is:

- ☐ Subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the CA Department of Public Health, the CDC, or a local health officer with jurisdiction over the workplace.
- ☐ Advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ Attending an appointment for themselves or a family member\* to receive a vaccine, or booster, for protection against contracting COVID-19.
- ☐ Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ Attending a vaccine or booster appointment for themselves or a family member\*
- ☐ Experiencing symptoms related to a COVID-19 vaccine or booster, or is caring for a family member\* experiencing side effects from the vaccine or booster, which prevents the employee from being able to work or telework (up to 3 days).
- ☐ Caring for a family member\* who is subject to a quarantine or isolation guidelines, or who has been advised to self-quarantine by a health care provider.
- ☐ Caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

**SPSL Category 2: Due to COVID-19 Positive Result** (Up to 40 hours available)

SPSL is available to employees who cannot work or telework if the employee:

- ☐ Tested positive
- ☐ Is caring for a family member\* who tested positive

\* Child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling

Provide any documentation confirming the existence of the circumstance(s) that form the basis of this request, such as, positive COVID test result of family member, vaccine appointment, etc. to verify the dates shared on this form:

Enter SPSL Date(s) of absence: \_\_\_\_\_ through \_\_\_\_\_ Total hours/days: \_\_\_\_\_

My signature below signifies that I have referred to, understand, and will follow the guidelines established by the COVID-19 Supplemental Paid Sick Leave (SB 114) requirements. Misuse of this leave are grounds for disciplinary action and Hartnell may require repayment of leave benefits.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Supervisor/Management Use Only:**

Eligibility verified by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved or ☐ Dates of Approved SPSL: \_\_\_\_\_ through \_\_\_\_\_.

☐ Denied/Does not qualify because: \_\_\_\_\_