

## County of Santa Barbara

## Request for County Paid Time Leave & CA Supplemental Paid Sick Leave

This form, along with the *Employee Statement Supporting Co PTL & CA SPSL* form must be completed by an employee requesting paid time off under County Paid Time Leave policy (earning code = PTL) and/or CA Supplemental Paid Sick Leave law required by Senate Bill 95 (earning code pending) for qualifying reasons related to the declared emergency novel Coronavirus (COVID-19) outbreak.

Emp	noyee Name (Print)		Employee ID #:			
Department:			Hire Date:			
# Hours Needed for PP:			Pay Period:			
	Expected Period of Leave: to					
Period of leave must be between January 1, 2021, and September 30, 2021 *County Paid Time Leave expires on June 30, 2021. *CA Supplemental Paid Sick Leave expires on September 30, 2021.						
I an		d Time Leave or CA Supplemental Paidence directly related to COVID-19 (chec				
	1) I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the CDPH, CDC, or a local health officer who has jurisdiction over the workplace (applicable under Co PTL and CA SPSL);					
	2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (applicable under Co PTL and CA SPSL);					
	3) I am experiencing symptoms of COVID-19, AND seeking a medical diagnosis from a healthcare provider (applicable under Co PTL and CA SPSL);					
	4a) I am caring for an individual who is subject to an order in 1) or has been directed as in 2) (applicable under Co PTL);					
	4b) I am caring for a fa	mily member who is subject to an orde and CA SPSL);	r in 1) or has been directed as in 2)			
	5a) I am caring for my son or daughter whose school or place of care is closed, or unavailable due to COVID-19; and no other suitable child care is available (applicable under Co PTL only);					
	5b) I am caring for my son or daughter whose school or place of care is closed, or unavailable due to COVID-19 on the premises; and no other suitable child care is available (applicable under Co PTL and CA SPSL);					
	· -	cine appointment during normal work ho opplicable under CA SPSL only);	urs and I am unable to do so outside			
	7) I cannot work or tele	ework due to vaccine-related symptoms	S (applicable under Co PTL and CA SPSL).			
NOTE	: In response to COVID	-19, Departments and the County of S	Santa Barbara have activated their			

Barbara.

Continuity of Operations of Plan (COOP). Consistent with all applicable laws, approval of time off is subject to maintaining the essential operational needs of your Department and the County of Santa



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Designation of Leave: County Paid Time Leave or CA Supplemental Paid Sick Leave will be designated based on whether the qualifying reason applies under County Paid Time Leave policy or CA Supplemental Paid Sick Leave law. Should such request qualify under both, you must specify how you would like your requested time designated. If this applies, please check the box specifying your chosen designation:						
☐ County Paid Time Leave ☐ CA Supplemental Paid Sick Leave * If no designation is made, such time will be designated as CA Supplemental Paid Sick Leave						
Authorizations: I agree that requested paid time off, if granted for the reason provided, meets County obligations under County Paid Time Leave policy and/or CA Supplemental Paid Sick Leave law, as so designated above.						
Employee Signature:		Date:				
Supervisor Signature:		Date:				
DPA/Dept HR approval certifies employee eligibility and that the required documentation of the reason for leave is maintained at the department to justify County Paid Time Leave and/or CA Supplemental Paid Sick Leave hours granted and coded on the timesheet(s).						
DPA / Dept HR Signature:		Date:				
Department Head Signature*:		Date:				
*Copy of this completed form should be kept at Department, along with <i>Employee Statement Supporting Co PTL &amp; CA SPSL</i> form. Documentation regarding the need for such leave must be retained for a period of four (4) years.						
The Auditor-Controller expects the integrity of all persons required to sign this form to use their best judgment in approving County funds to be used for salaries and benefits for time not worked. Granting these balances without a bona fide reason is a gift of public funds. The department shall maintain this attestation and all documentation received on file as backup to authorize the hours coded on employee timesheet(s).						
Departmental Use Only - Notes/comments:						