



County of Santa Barbara

Request for 2022 CA Supplemental Paid Sick Leave

This form must be completed by the employee who is requesting paid time off under 2022 CA Supplemental Paid Sick Leave law required by Senate Bill 114 for qualifying reasons related to COVID-19.

Employee Name (Print)	_____	Employee ID #:	_____
Department:	_____	Hire Date:	_____
# Hours:	_____	Pay Period:	_____
Expected Period of Leave:	_____ to _____	Retroactive Request	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extra Help Average Hours worked last 6 months:	_____ (regularly scheduled) (If Extra Help has a variable schedule contact County Payroll for calculation)		
Period of leave must be between January 1, 2022, and September 30, 2022			

Attestation:

I am requesting **2022 CA Supplemental Paid Sick Leave** due to my inability to work or telework, and my absence is/was directly related to COVID-19 because (check at least one):

- 1) I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the CDPH, CDC, or a local health officer who has jurisdiction over the workplace;
- 2) I have been advised by a health care provider to isolate or quarantine due to concerns related to COVID-19;
- 3) I am experiencing symptoms of COVID-19, AND seeking a medical diagnosis from a healthcare provider;
- 4) I am caring for an individual who is subject to an order in 1) or has been directed as in 2);
- 5) 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;
- 6) I am attending a vaccine or vaccine booster appointment for myself or a family member;
- 7) I cannot work or telework due to vaccine or booster related symptoms, or I am caring for a family member experiencing vaccine or booster related symptoms;
- 8) I have tested positive, or am caring for a family member who tests positive, for COVID-19.

Designation of Leave:

For those qualifying reasons # 1-7 above, employees are eligible for (and limited to) a bank of up to 40 hours. For qualifying reasons # 6 & 7 above, vaccine-related absences are limited to 3 days or 24 hours total of those 40 hours unless ongoing symptoms are verified by a health care provider. Use SPS to code this type of leave on your timecard.

For those qualifying under reason # 8 above, a separate bank of up to 40-hours will apply. Use PTL to code leave as described under # 8 above on your timecard.

In no event shall an employee receive more than 80 hours of 2022 SPSL in total.



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Authorizations:

I agree that requested paid time off, if granted for the reason provided, meets County obligations under the 2022 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 CA Supplemental Paid Sick Leave hours granted and coded on the timesheet(s).

DPA / Dept HR Signature:		Date:	
Department Head Signature*:		Date:	

*A copy of this completed form should be kept in the Department, along with any supporting documentation for the requested leave. Documentation regarding the need for such leave should be retained for a period of four (4) years.

Acceptable Documentation for Leave AFTER February 19, 2022 Related to Positive COVID-19 Test:

1. A doctor’s note confirming a positive COVID-19 test; or
2. Proof of a positive COVID-19 test approved by the United States Food and Drug Administration (FDA) or that has an Emergency Use Authorization (EUA) from the FDA to diagnose current infection with the SARS-CoV-2 virus. These include both PCR and antigen tests. The test must be administered in accordance with the FDA approval or FDA EUA, as applicable. Over-the-counter (OTC) tests may not be both self-administered and self-read unless observed by the County or an authorized telehealth proctor. This independent confirmation can be accomplished in multiple ways.

For example, the employer can validate the test through the use of a proctored test that is supervised by a licensed, authorized telehealth provider via video proctoring, or by a point-of-care test provider. Alternatively, the County could proctor the OTC test itself, including by video.

Another option to meet the requirement that a test is not “self-read” is to use an OTC test that features digital reporting of date and time stamped results. These tests do not require observation by an employer or telehealth proctor.

For those caring for sick family members, the employee should provide documentation of a family member’s test result.



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Acceptable Documentation for Leave BEFORE February 19, 2022 Related to Positive COVID-19 Test:

For retroactive adjustments, a signed attestation by the employee is acceptable documentation due to the likely inability to reproduce COVID-19 test results from the past. **SPSL Leave Entitlements for**

Firefighters:

- A firefighter who was scheduled to work more than 40 hours for in the one workweek preceding the date the firefighter took COVID-19 supplemental paid sick leave is entitled to an amount of COVID-19 supplemental paid sick leave equal to the total number of hours that the employee was scheduled to work in that workweek.

Departmental Use Only - Notes/comments: