

2022 COVID-19 Supplemental Paid Sick Leave

I, _____, certify that on (start date) _____ through _____ (end date) I am unable to work (or telework) for one of the

following reasons:

A full-time covered employee may take up to 40 hours of leave if the employee is unable to work or telework for any of the following reasons:

_____ 1. I have attended a vaccine or booster appointment for myself or a family member and I cannot telework because I have vaccine related symptoms, or I am caring for a family member ***or booster appointment and any consequent side effect, unless a health care provider verifies a more recovery time is needed)***

_____ 2. I am subject to quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health, the federal center for Disease Control and Prevention, or a local public health officer with jurisdiction over the workplace; have been advised by a healthcare provider to quarantine; or I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

_____ 3. I am caring for a family member who is subject to a COVID-19 quarantine or isolation period or I have been advised by a healthcare provider to quarantine due to COVID-19, or I am caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

A full-time covered employee may take up to an additional 40 hours of leave if the employee is unable to work or telework for any of the following reasons:

_____ 1. I have tested positive for COVID-19
(Positive PCR test required)

_____ 2. I am caring for a family member who has tested positive for COVID-19.
(Family member includes a child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling. A Positive PCR Test Required)

Part-time covered employees may take as leave up to the amount of hours they worked over two weeks, with half of those hours available only when they or a family member test positive for COVID-19.

Compensation Rate: Payment is at the employee's regular or usual rate of pay, not to exceed \$511 per day and \$5,110 in total.

Signature

Date