



CALIFORNIA AB 152
 COVID-19 SUPPLEMENTAL CALIFORNIA PAID SICK LEAVE
 APPLICATION & CERTIFICATION FORM

Name: _____ Department: _____
 Job Title: _____ Supervisor Name: _____

California law permits employees to request COVID-19 Supplemental California Paid Sick Leave for qualifying reasons, with paid leave available *retroactive to January 1, 2022 through December 31, 2022*. In order to assist the County in generating and maintaining records relating to leave requests and usage, employees are requested to complete this form.

I am requesting to use COVID-19 Supplemental California Paid Sick Leave on the following dates:

From: _____ To: _____

For the following reason/s (check all that apply):

	1. I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the Federal Centers for Disease Control and Prevention, or the Yolo County Public Health Officer.
	2. I have been advised by a health care provider to self-quarantine or isolate due to concerns related to COVID-19. Please attach note from health care provider.
	3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Please attach note from health care provider.
	4. I, or a family member, is attending an appointment to receive a COVID-19 vaccine or booster. Please attach verification of vaccine appointment.
	5. I, or a family member, is experiencing symptoms related to a COVID-19 vaccine or booster that prevent me from being able to work or telework. Please attach proof of vaccine.
	6. I am caring for a family member who is subject to an order or guidance as described in #1 above, or who has been advised to self-quarantine or isolate by a health care provider due to concerns related to COVID-19. Please list relationship to individual:
	7. I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises. Please attach proof of closure.
	8. I have tested positive for COVID-19, or I am caring for a family member who tested positive for COVID 19. Please attach proof of positive COVID-19 test.

The maximum potential 80 hours of sick leave is paid at your regular rate of pay, not to exceed \$511/day or \$5,110 in total. Please make the following decision about integrating your leave balances:

_____ I DO NOT want to integrate my leave balances and understand I will receive my regular rate of pay, but that amount will not exceed \$511/day.

_____ I DO want to integrate my leave balances to ensure I receive my full wages in the amount that may exceed \$511/day. I authorize County Human Resources staff to deduct the necessary leave balances, in the following order, with 1 being the preferred leave balance type:

Sick Leave	Admin Leave
Vacation	Comp Time
Floating Holiday	Other (See below)

Please list Other Leaves Indicated Above:

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Employee Statement & Signature:

I certify that I am unable to work (or telework) for the reason stated on Page 1 of this application form. I understand that if my circumstances change, I must immediately inform the County and I may be directed to report back to work (or telework).

Signature

Date

Supervisor Review:

I have reviewed the employee's request for COVID-19 Supplemental California Paid Sick Leave to ensure a reason was selected and that the required documentation is attached.

Signature

Date

Department HR Generalist Review:

I have reviewed the employee's request for COVID-19 Supplemental California Paid Sick Leave and will forward to HR at payroll@yolocounty.org.

Signature

Date

HR PAYROLL REVIEW ONLY:

Employee qualifies for up to 40 hours SCPSL for one or more of the following: <ul style="list-style-type: none">• Quarantine or isolation of employee or family member• Vaccine appointments or recovery of employee or family member• Employee experiencing COVID symptoms and seeking medical diagnosis• Caring for a child whose school or place of care is closed or unavailable for reasons related to COVID-19 on the premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee qualifies for up to 40 hours SCPSL for: <ul style="list-style-type: none">• Positive COVID-19 test of employee or caring for family member who tests positive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of hours given to employee (80 Hours Max):	