

# CALIFORNIA SUPPLEMENTAL PAID SICK LEAVE APPROVAL / DENIAL FORM

This form to be completed by the **AUTHORIZED EMPLOYER REPRESENTATIVE**

Company Name:

Date:

Employee **First & Last** Name:

EE ID #:

**Authorized Employer Instructions:**

- 1) Ensure employee has completed all information on the California Supplemental Paid Sick Leave Request form.
- 2) Ensure employee has provided you with required documentation related to their reason for requesting leave. The documentation can be provided as late as *after the first workday (or portion thereof) for which the employee takes the leave.*
- 3) Complete all information below in its entirety.
- 4) Once the information below is inserted by you, you have the employee's request form and documentation for the reason for the leave, scan and email all items in one email to your **AdvanStaff Human Resources Specialist** for administration.
- 5) Please do not send incomplete information or information in separate emails.
- 6) Do not allow employees to send information to AdvanStaff Human Resource Specialist themselves. All information must come through you.
- 7) Store copies of all forms and information in a separate file for each employee assuming the state of California and/or an employee may challenge whether leave was provided appropriately.

Reason Number Approved from the Employee's Request Form:

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

Regular Rate of Pay:

*Enter the formula used and specific information here.* Calculation of Regular Rate of Pay:

☐

On behalf of employer listed above, I **approve** this California Supplemental Paid Sick request without conditions.

☐

On behalf of employer listed above, I **approve** this California Supplemental Paid Sick request with ***the following conditions***

(I.E. waiting for proof of positive COVID test): \_\_\_\_\_

☐

On behalf of employer listed above, I **deny** this California Supplemental Paid Sick request due to:

<input type="checkbox"/>	<p><input type="checkbox"/> This payment <i>as of today</i> should be charged to the <b>CA-CO191=EE/Dep Sick- from "Positive Test" Bank</b> for this employee because either the employee or the family member they must provide care for, have/has been diagnosed with COVID.</p> <p style="margin-left: 40px;">○ Number of hours: _____</p> <p style="margin-left: 40px;">○ Paydate requested: _____</p> <p><input type="checkbox"/> This payment <i>as of today</i> should be charged to the <b>CA-CO192=ALL OTHER-from "All Other" Bank</b> for this employee because the reason for payment does NOT include a positive diagnosis of COVID.</p> <p style="margin-left: 40px;">○ Number of hours: _____</p> <p style="margin-left: 40px;">○ Paydate requested: _____</p>
<input type="checkbox"/>	<p><input type="checkbox"/> This is a <b>retro-payment</b> from a period between 1/1/2022 and 2/18/2022. Retro Payroll code: <b>CA-CO193=RETRO EE/Dep Sick Ret-from "Positive Test" Bank or</b></p> <p style="margin-left: 40px;">○ Number of hours: _____</p> <p style="margin-left: 40px;">○ Paydate requested: _____</p> <p><input type="checkbox"/> This is a <b>retro-payment</b> from a period between 1/1/2022 and 2/18/2022. Retro Payroll code: <b>CA-CO194=RETRO ALL OTHER Ret-from "All Other" Bank</b></p> <p style="margin-left: 40px;">○ Number of hours: _____</p> <p style="margin-left: 40px;">○ Paydate requested: _____</p>
<input type="checkbox"/>	<p><input type="checkbox"/> I understand that payment of these supplemental paid sick amounts is mandatory under California law, funding of CA supplemental paid sick leave comes strictly from our own company assets, and there is no state or federal funding available to reimburse our business.</p> <p><input type="checkbox"/> I further understand that legislation and interpretation of payment requirement is developing on an ongoing basis, is not completely clear or grounded in complete or comprehensive guidance and therefore, hold AdvanStaff harmless for any perceived or actual overpayment, underpayment or interpretive differences now and in the future. AdvanStaff is providing minimal guidance with regard to this changing landscape and is acting as an administrator for our company's convenience only.</p>

EMPLOYER AUTHORIZED BY / ACKNOWLEDGEMENT	
Representative Printed Name:	Client ID#:
Representative Signature:	Representative Signature Date: