

CALIFORNIA SUPPLEMENTAL PAID SICK LEAVE REQUEST

Employees who are unable to work or telework can use CPSL for one of the reasons shown below.

This form to be completed by the **EMPLOYEE**

Company Name:		Date:
Employee First and Last Name:	Last 4 SSN #:	Home Zip Code:

Employee Instructions:

- 1) Complete this form in its entirety, but select and complete the section for ONLY ONE of the options from #1 through #8.
- 2) Provide the required documentation as specified under the reason for leave which you have chosen no later than after the first workday (or portion thereof) for which you take the leave.
- 3) All documentation is required for Supplemental Paid Sick Leave approval. Missing documentation can delay or end approval for requested paid leave. Be certain all information is accurate.
- 4) Once the form is complete and you have gathered all required documentation, send all documents and information to your manager or office leave coordinator for submission to AdvanStaff payroll. **Do not send to AdvanStaff yourself.**

Employees who are unable to work or telework can use California Supplemental Paid Sick Leave for one of the reasons shown below.

I _____ (print your name) am unable to work or telework for the reason checked below and hereby request Supplemental Paid Sick Time.

*Choose **only one reason** and be certain to **complete all items and provide documentation** associated with that reason.*

<input type="checkbox"/> 1.	I am unable to work or telework- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19; <input type="checkbox"/> Attach announcement showing information above
<input type="checkbox"/> 2.	I am unable to work or telework- I have been advised by a health care provider to self-quarantine because of COVID-19 a. Name of healthcare provider: _____ b. Phone number of healthcare provider: _____ c. Type of healthcare provider: _____ d. <input type="checkbox"/> Attach the written confirmation of self-quarantine order (can be a doctor's note specifying self-quarantine)
<input type="checkbox"/> 3.	<input type="checkbox"/> I am unable to work or telework- I am attending an appointment to receive a COVID-19 vaccine or booster. <input type="checkbox"/> I am unable to work or telework- A family member is attending an appointment to receive a COVID-19 vaccine or booster. Name of family member: _____ Relationship to family member: _____

<input type="checkbox"/> 4.	<p><input type="checkbox"/> I am experiencing symptoms related to a COVID-19 vaccine or booster that prevents me from being able to work or telework.</p> <p><input type="checkbox"/> A family member is experiencing symptoms related to a COVID-19 vaccine or booster and I am needed to care for that individual and therefore can not work or telework.</p> <p style="margin-left: 40px;">Name of family member: _____</p> <p style="margin-left: 40px;">Relationship to family member: _____</p>
<input type="checkbox"/> 5.	<p>I am unable to work or telework- I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis;</p> <p>a. Date of onset: _____</p> <p>b. Date scheduled for medical visit: _____</p> <p>c. Physician or Practice Name being consulted: _____</p>
<input type="checkbox"/> 6.	<p>I am unable to work or telework- I am caring for and am required to care for a family member who is subject to a quarantine or isolation order or guidance or who has been advised to self-quarantine or isolate by a health care provider due to concerns related to COVID-19.</p> <p>a. Name of family member: _____</p> <p>b. Relationship with family member: _____</p> <p>c. Reason you are required for care: _____</p>
<input type="checkbox"/> 7.	<p>I am unable to work or telework- 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.</p> <p>a. Names of children: _____</p> <p>b. Ages of children: _____</p> <p>c. <input type="checkbox"/> Attach the written notice of school or childcare closing</p> <p>I certify that there is not a second caregiver in the home including spouse, parent, parent-in-law, older sibling, other competent adult, etc.(Note: Supplemental paid sick leave is not available should other caregivers be in the home)</p> <p>Signature: _____</p>

<input type="checkbox"/> 8.	<p>I am unable to work or telework-</p> <p><input type="checkbox"/> I have tested positive for COVID-19.</p> <p style="margin-left: 40px;">Date of positive test: _____</p> <p><input type="checkbox"/> A family member has tested positive for COVID-19 and I am required to care for that family member.</p> <p style="margin-left: 40px;">Date of positive test: _____</p> <p style="margin-left: 40px;">Name of family member: _____</p> <p style="margin-left: 40px;">Relationship to family member: _____</p> <p><input type="checkbox"/> I confirm that I have attached a copy of the applicable positive test.</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">I anticipate the need for CA Supplemental Paid Sick time from:</td> <td style="width: 30%; border: none;">Enter first date of sick time:</td> <td style="width: 30%; border: none;">Enter last date of sick time:</td> </tr> <tr> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> <td style="border: 1px solid black; height: 30px;"></td> </tr> </table>		I anticipate the need for CA Supplemental Paid Sick time from:	Enter first date of sick time:	Enter last date of sick time:			
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I understand that all information I provide must be accurate and true. I also understand that should I fail to provide information as required, California Supplemental Paid Sick will not be available to me.							
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Employee Printed Name:</td> <td style="width: 40%; border: none;">Employee Signature:</td> <td style="width: 20%; border: none;">Signature date:</td> </tr> <tr> <td style="border: 1px solid black; height: 50px;"></td> <td style="border: 1px solid black; height: 50px;"></td> <td style="border: 1px solid black; height: 50px;"></td> </tr> </table>		Employee Printed Name:	Employee Signature:	Signature date:			
Employee Printed Name:	Employee Signature:	Signature date:					
<ol style="list-style-type: none"> 1. Leave hours from one, "up to 40-hour" bank, will be available only if the employee tests positive for or is required to provide care and is caring for a family member who tests positive for COVID-19. <ul style="list-style-type: none"> • This corresponds to #8 above and is coded in AdvanStaff payroll as: <i>CA-CO191 = EE/Dep Sick- from "Positive Test" Bank</i> 2. Leave hours from the second, "up to 40-hour" bank, will be available only for other covered reasons (quarantine or isolation, vaccine appointments or recovery, experiencing COVID symptoms and seeking medical diagnosis, closure of school or place of care for reasons related to COVID-19 on the premises). <ul style="list-style-type: none"> • This corresponds to #1 through #7 above and is coded in AdvanStaff payroll as: <i>CA-CO192=ALL OTHER-from "All Other" Bank</i> 3. Under the 2022 CPSL law, employers can require employees to provide documentation of the test result. If an employee refuses, the employer can deny leave. This documentation could include, among other things, a medical record of the test result, an e-mail or text from the testing company with the results, a picture of the test result, or a contemporaneous text or e-mail from the employee to the employer stating that the employee or a qualifying family member tested positive for COVID-19. 4. Maximum hours payable under Supplemental Paid Sick leave is 80 hours for full time employees (if both banks are used) and a prorata number of hours for part time employees (under 40 hours per week). 5. If you qualify for Supplemental Paid Sick, you may have been eligible as of January 1, 2022. That is the earliest date. If you have previously used company paid sick or if you went without pay for any situation above, please contact your leave coordinator to discuss. 6. If Supplemental Paid Sick is not available and/or your situation does not qualify, you may be able to use any other company provided paid time out, depending upon the circumstances. 7. If your situation does not qualify for Supplemental Paid Sick and you do not have employer paid time that is useable, you would need to take time out without pay. 							