

2022-2023 COVID-19 Supplemental Paid Sick Leave Extension

SB 114 is State legislation intended to extend Supplemental Paid Sick Leave (SPSL) benefits for employees impacted by COVID-19. It is retroactive to January 1, 2022 and expires on September 30, 2022. Employees may access up to 40 hours of this leave if they are unable to work and meet one of the reasons listed below. An employee may qualify for up to an additional 40 hours of leave if they test positive or are caring for a family member who tested positive for COVID-19. In these cases, SB 114 authorizes an employer to require proof of a positive test result—including proof of an affected family member. SB 114 specifically provides that an "employer has no obligation to provide additional COVID-19 supplemental paid sick leave...for an employee who refuses to provide documentation of the results of the test...upon the request of the employer." If the employee is using this bank for their own positive test, an employer may also require testing on day five after the initial positive test.

Caring for Yourself I am subject to a federal, state, or local quarantine or isolation period related to COVID-19, as defined by an order or guidelines of the State Department for Public Health, the federal CDC, or a local health officer whe has jurisdiction over the workplace. I have been advised by a health care provider or by Powau Unified School District to self-quarantine due to concerns related to COVID-19, or I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. Caring for a Family Member Dates of Leave: I am caring for a family member who is subject to a federal, state, or local quarantine or isolation order or guidelines related to COVID-19, or who has been advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19. Name of Person Needing Care: 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 (i.e. child's school is closed due to an outbreak). Name of child & school or childcare that is closed: Vaccine-Related Dates of Leave: I am unable to work or telework because I am attending a vaccine/booster appointment for myself or experiencing symptoms or attending a vaccine appointment or caring for a family member experiencing vaccine related symptoms. Name of Family Member: Relationship: Please complete the template below to record days/hours: M T W TH F Date* # of hours* Pate to COVID-19 and seeking a medical diagnosis. Pate to Related by THE FOR HR/PAVROLL USE Hereby attest that I meet the criteria listed above as I am unable to work, either tan assigned work site or in a remote assignment offered by Poway Unified. HR Review Dispersion of the provided by The Poway Unified.	Employee Name:			Empl ID:		
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