



# 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.

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dept: \_\_\_\_\_

### Caring for Yourself

Dates of Leave: \_\_\_\_\_ to \_\_\_\_\_

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 who has jurisdiction over the workplace. I have been advised by a health care provider or by Poway 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: \_\_\_\_\_ to \_\_\_\_\_

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: \_\_\_\_\_ Relationship: \_\_\_\_\_

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: \_\_\_\_\_ to \_\_\_\_\_

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*					
Date*					
# of hours*					

I hereby attest that I meet the criteria listed above as I am unable to work, either at an assigned work site or in a remote assignment offered by Poway Unified.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

FOR HR/PAYROLL USE	
_____ HR Review	_____ Date
_____ Leave Entered By	_____ Date

**Employee: Complete and submit form to your Supervisor. Supervisor: Email completed form and test results or a doctor's note to [COVID-19-HR@powayusd.com](mailto:COVID-19-HR@powayusd.com)**