



COLUSA COUNTY OFFICE OF EDUCATION

Michael P. West, County Superintendent of Schools
345 5th Street, Suite A, Colusa CA 95932
mwest@ccoe.net p 530.458.0350 f 530.458.8054

COVID-19 Supplemental Paid Sick Leave Request – SB 95

(Effective 3/29/21 to 9/30/21; retroactive to 1/1/21)

Employee Name	Program
Job Title	Work Site

Type of Request (select all reasons that apply): *Request may be made to Human Resources in writing or orally*

- A.** The covered employee is 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 a local health officer who has jurisdiction over the work place, and is unable to work or telework. **(Equivalent to CCOE SP 4610.00 Public Health Order Leave; hours may not be duplicated)**
Dates of leave request: _____
- B.** The covered employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 and is unable to work or telework.
Dates of leave request: _____
- C.** The covered employee is attending an appointment to receive a vaccine for protection against contracting COVID-19 and is unable to work or telework.
Dates of leave request: _____
- D.** The covered employee is experiencing symptoms related to a COVID-19 vaccine that prevents the employee from being able to work or telework.
Dates of leave request: _____
- E.** The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis, and is unable to work or telework.
Dates of leave request: _____
- F.** The covered employee is caring for a family member (as defined on reverse) who is subject to an order or guidelines described in reason A above, or who has been advised to self-quarantine as described in reason B above, and covered employee is not able to work or telework.
Dates of leave request: _____ Relationship of family member: _____
- G.** The covered employee is caring for a child (as defined on reverse) whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises, and covered employee is unable to work or telework.
Dates of leave request: _____ Name of School/Child Care: _____

Attestation:

My signature below assures that I meet the eligibility criteria for use of the leaves requested above, as I am unable to work at either an assigned work site or in a remote assignment (telework) offered by Colusa County Office of Education (CCOE). Furthermore, I understand that CCOE may require verification of reasons stated for this request if misuse is suspected. Misuse of this leave is grounds for disciplinary action and CCOE may require repayment of leave benefits.

Signature of Covered Employee	Date
-------------------------------	------

-OR-

Information was provided orally to Human Resources staff member by covered employee and said employee was informed of the contents of the attestation statement above.

Signature of Human Resources Staff Member	Date
---	------

Labor Code Section 245.5 defines family member as:

1. A child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.
2. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
3. A spouse.
4. A registered domestic partner.
5. A grandparent.
6. A grandchild.
7. A sibling.

For Human Resources use only below this line

Program Director/Asst. Supt. has verified that telework is not available: Yes ___ No ___ Date: _____

Qualifies for _____ *hours up to \$511/day and \$5,110 in the aggregate due to reason letter(s) _____
(Eligible hours per day x 10 work days – see SB 95 regarding employees with variable number of hours)
*Must use eligible PHO and C19PSL hours prior to covered employee's use of personal accrued leave hours.

Since January 1, 2021 has utilized _____ hours of CCOE SP 4610.00 Public Health Order (PHO) Leave

Balance of hours available for COVID-19 Supplemental Paid Sick Leave (C19PSL): _____
(Hours EE is qualified for minus PHO hours used since 1/1/21)

Leave hours utilized for this request: CCOE **PHO** _____ **SB 95 C19PSL** _____
(Total PHO and C19PSL hours not to exceed 80 hours (prorated by FTE and as described by SB 95))

Does not qualify. Reason: _____

Eligibility verified by: _____ Date: _____

Leave tracking code:

- A = CCOE SP 4610.00 Public Health Order (PHO - w/ C19 noted in Escape leaves tab Comment field)
- B-G = COVID-19 Supplemental Paid Sick Leave – SB 95 (C19PSL)

Routing Order:

- Mock calendar created _____ (HR initials)
- Tracking spreadsheet entry completed _____ (HR initials)
- Eligibility letter, form, and supplemental documents (packet) mailed and emailed to EE _____ (HR initials)
- Email of eligibility letter to Program Director/Asst. Supt. _____ (HR initials)
- Payroll Adjustment Coversheet created, audited, and copy of packet provided to Payroll _____ (HR initials)
(Retroactive requests as applicable: EE accrued leave hours used reinstated or pay dock funds repaid to EE)
- Escape absence tracking entry/adjustment completed _____ (HR initials)

2021 COVID-19 Supplemental Paid Sick Leave

Effective March 29, 2021

Covered Employees in the public or private sectors who work for employers with more than 25 employees are entitled to up to 80 hours of COVID-19 related sick leave from January 1, 2021 through September 30, 2021, immediately upon an oral or written request to their employer. If an employee took leave for the reasons below prior to March 29, 2021, the employee should make an oral or written request to the employer for payment.

A covered employee may take leave *if the employee is unable to work or telework for any of the following reasons:*

- Caring for Yourself: The employee is subject to quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace, has been advised by a healthcare provider to quarantine, or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- Caring for a Family Member: The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provider to quarantine due to COVID-19, or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.
- Vaccine-Related: The covered employee is attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.

Paid Leave for Covered Employees

- 80 hours for those considered full-time employees. Full-time firefighters may be entitled to more than 80 hours, caps below apply.
 - For part-time employees with a regular weekly schedule, the number of hours the employee is normally scheduled to work over two weeks.
 - For part-time employees with variable schedules, 14 times the average number of hours worked per day over the past 6 months.
- Rate of Pay for COVID-19 Supplemental Paid Sick Leave: Non-exempt employees must be paid the highest of the following for each hour of leave:
 - Regular rate of pay for the workweek in which leave is taken
 - State minimum wage
 - Local minimum wage
 - Average hourly pay for preceding 90 days (not including overtime pay)
- Exempt employees must be paid the same rate of pay as wages calculated for other paid leave time.

Not to exceed \$511 per day and \$5,110 in total for 2021 COVID-19 Supplemental Paid Sick leave.

Retaliation or discrimination against a covered employee requesting or using COVID-19 supplemental paid sick leave is strictly prohibited. A covered employee who experiences such retaliation or discrimination can file a claim with the Labor Commissioner's Office. Locate the office by looking at the [list of offices on our website](http://www.dir.ca.gov/dlse/DistrictOffices.htm) (<http://www.dir.ca.gov/dlse/DistrictOffices.htm>) using the alphabetical listing of cities, locations, and communities or by calling 1-833-526-4636.

This poster must be displayed where employees can easily read it. If employees do not frequent a physical workplace, it may be disseminated to employees electronically.



Copyright © 2021 State of California, Department of Industrial Relations. Permission granted to display, perform, reproduce and distribute exclusively for nonprofit and educational purposes, and may not be used for any commercial purpose. All other rights reserved.