

## Employee Request Form for COVID-19 Supplemental Paid Sick Leave (CPSL)

Employee's Name:		Date of Request:
Employee ID:	Bargaining Unit:	Hire Date:
Department:		Job Title:
Primary Contact Phone:		Personal Email Address:

### Section 1: Request for COVID-19 Supplemental Paid Sick Leave (CPSL)

Consistent with the requirements of SB 95 I am requesting COVID-19 Supplemental Paid Sick Leave because I am unable to work or telework because of the following reason(s):

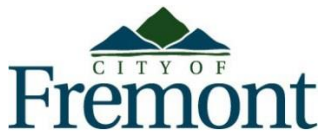
- (1) I am subject to a quarantine or isolation period related to COVID-19 as defined by the State Department of Public Health, the Centers for Disease Control and Prevention, or a local health officer who has jurisdiction over the workplace.
- (2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- (3) I am attending an appointment to receive a COVID-19 vaccine.
- (4) I am experiencing symptoms related to a COVID-19 vaccine.
- (5) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (6) I am caring for a family member who is subject to a quarantine or isolation period or advised by a health care provider to self-quarantine.
- (7) 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 understand that if my circumstances change, I must immediately inform my supervisor and I may be directed to report back to work (or telework). This benefit is limited to 80 hours of COVID-19 Supplemental Paid Sick Leave for the reasons described above and will be pro-rated for part time employees. CPSL will be administered in conformance with the requirements of SB 95, the Department of Industrial Relations provides answers to frequently asked questions in regards to this benefit, you can access this informational page [here](#).

CPSL Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

CPSL Intermittent Basis  Yes  No

If "YES", please **provide the reason** for intermittent leave: \_\_\_\_\_



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If "YES", please **provide the dates and hours per day** for intermittent leave:

Full time employees are entitled to 80 hours of paid leave at their regular rate of pay, subject to a \$511 per day and \$5,110 aggregate cap. (Full-time firefighters may be entitled to more than 80 hours, subject to the same cap). Part-time employees are entitled to paid leave for the average number of hours worked over a 2-week period at their regular rate of pay, subject to the same cap.

I am requesting to **(check all that apply)**:

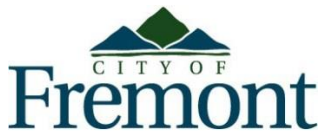
- Use available Covid-19 Supplemental Paid Sick Leave hours. If Covid-19 Supplemental Paid Sick Leave is exhausted during my approved leave, I request to remain in an unpaid status for the duration of my leave and I do not wish to use my leave to supplement wages.
- Use available Covid-19 Supplemental Paid Sick Leave hours and/or leave from the following bank(s) for the duration of my leave to remain in a paid status and/or to supplement wages:
  - Compensatory Time Bank       General Leave Bank
  - Management Leave Bank       Sick Leave Bank
  - Sabbatical/Sick Leave Bank       Vacation Leave Bank
  - 100 Hour Leave Bank <sup>1</sup>

<sup>1</sup> Per City Council approval on May 5, 2020 in recognition of the essential and critical services provided by emergency responders during the COVID-19 pandemic, each emergency responder exempted from participating in the EFMLEA provision of the FFCRA will be granted a temporary non-compensable paid leave bank of one hundred (100) hours. The designated hours will be paid at the employees' regular rate of pay (same as compensatory time taken). The leave bank expires on December 31, 2022.

If my CSPSL request is approved, I will coordinate the approval with my department for supplementing CSPSL hours with other leave banks (100 Hour, General Leave, Vacation Leave, Comp Time, Management Leave, Sick Leave, Sick/Sabbatical) or leave without pay.

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

\_\_\_\_\_  
Date



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### **Section 2: Form Submission Process**

An employee using CPSL must submit this completed form to Human Resources at [humanresources@fremont.gov](mailto:humanresources@fremont.gov).

In the event of a medical emergency where the employee is unable to provide the form prior to initiating leave, the form should be submitted as soon as reasonably practicable via email to [humanresources@fremont.gov](mailto:humanresources@fremont.gov).

If you have any questions or concerns, please contact Human Resources via email at [humanresources@fremont.gov](mailto:humanresources@fremont.gov) or call (510) 494-4660.