2021 COVID-19 Supplemental Paid Sick Leave

Effective March 29, 2021

Covered Employees in the <u>public or private sectors</u> who <u>work for employers with more than 25 employees</u> 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 <u>any</u> of the following reasons:

- O 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 provided 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

- o 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)
- o 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 <u>list of offices on our website</u> (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.



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COVID-19 LEAVE OF ABSENCE REQUEST FORM

To request COVID-19 related leave, or to request to be paid for COVID-19 leave taken after January 1, 2021, please submit this

form to the Office of Human Resources. Employee Name: ☐ Certificated ☐ Classified ☐ Management Job Title: _____ Site/Department: _____ _____ Email: ____ Home Phone: Please select from the following reasons why you are unable to report to work or telework: Caring for Yourself: You are subject to guarantine or isolation period related to COVID-19 as defined by an order or guidelines of California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace, you been advised by a healthcare provider to quarantine, or you are experiencing COVID-19 symptoms and seeking a medical diagnosis. Caring for a Family Member: You are caring for a family member who is subject to a COVID-19 quarantine or isolation period or have been advised by a healthcare provider to quarantine due to COVID-19, or you are caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises. Vaccine-Related: You attended a vaccine appointment or cannot work or telework due to Vaccine-related symptoms. Dates of leave requested: Please attach available documentation. If necessary, please attach rationale or comments.

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Date

□Approved

□Denied

Copied / routed to: Personnel File, Payroll, Business Services

Assistant Superintendent or Designee

Employee's Signature:____