



**PASADENA UNIFIED SCHOOL DISTRICT
REQUEST FOR SUPPLEMENTAL PAID SICK LEAVE**

Effective January 1, 2022 through September 30, 2022, Senate Bill 114 provides up to 80 hours (10 days) of Supplemental Paid Sick Leave (“SPSL”) for employees unable to work or telework for reasons related to COVID-19. SPSL is retroactive back to January 1, 2022. SPSL is capped at \$511 per day or \$5,110 in total.

To request a SPSL leave of absence, submit this form to Human Resources:

- Nancy Gonzalez- *Leaves Analyst* - gonzalez.nancy2@pusd.us

Employee Name: _____ Certificated Classified Management

Job Title: _____ Site/Department: _____

Best Phone: _____ Email: _____

Leave Request Dates: **Start:** _____ **End:** _____

Indicate the qualifying reason for SPSL:

Up to 5 work days, or 40 hours for full time employees. Addition of up to 5 work days or 40 hours for full time employees with positive COVID-19 test results. For a maximum of 10 work days, or 80 hours for full time employment

Employee is subject to Federal, State, or local quarantine or isolation order

Employee has been advised by a healthcare provider to self-quarantine

Employee or employee's family member is attending an appointment to receive a COVID-19 vaccine or booster

Employee is experiencing symptoms related to a COVID-19 vaccine or booster (up to 3 days without medical note)

Employee is experiencing symptoms of the COVID-19

Employee is caring for individual subject to an order as described in (1) or has been advised as in (2) or who is ill as in (4) or (5)

Employee is caring for a child at home due to school or place of care closure for a reason related to COVID-19 on the premises.

Child’s name(s): _____

School(s) or Daycare(s): _____

I believe I qualify retroactively for SPSL and have checked one of the qualifying reasons above.

Explain: _____

Employee’s Signature: _____ Date: _____

Approved Denied

Signature: _____
Human Resources Director

Date: _____