



# COUNTY OF GLENN

## 2021 COVID-19 Supplemental Paid Sick Leave Request and Coordination of Benefits Authorization Form

### 1. EMPLOYEE INFORMATION:

Employee's Name: \_\_\_\_\_ Dept: \_\_\_\_\_

I am requesting a: \_\_\_ Full-Time Leave \_\_\_ Part-Time Leave: \_\_\_ Hours per Week \_\_\_ Hours per Day

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

I am requesting a Leave of Absence due to a Federal, State, or local quarantine or isolation order and certify that I am unable to work (or telework) full-time for one of the following reasons:

\_\_\_ (1) Caring for myself: 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, a local health officer with jurisdiction over the workplace, been advised by a healthcare provider to quarantine, or is experiencing COVID-19 symptoms and seeking medical diagnosis.

\_\_\_ (2) Caring for a Family Member: 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.

\_\_\_ (3) Caring for a Child: Caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

Name and age of child (ren): \_\_\_\_\_

Name of school or child care provider: \_\_\_\_\_

\_\_\_ (4) Vaccine-Related: Attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.

**\*Special Note: All selected elections are final and may not be modified for the duration of the specified leave.**

### 2. PAY STATUS: At the Onset of This Leave of Absence, I Request the Following Pay Status

___	I request the use 80 hours of <b>Supplemental Paid Sick Leave Pay</b> (Pay will be paid at regular rate of pay up to \$511 per day and \$5,110 in aggregate)
Should the leave go beyond 80 hours, I request the following pay status:	
___	I have not/will not apply for wage replacement benefits (State Disability): The leave banks I select below will be used for all my regular work shifts for the duration of my leave. (Required if not receiving wage replacement benefits or if disability benefits are waived)
___	I request to coordinate my leave bank hours with wage replacement benefits ( <b>State Disability</b> ) up to 100% of base bi-weekly compensation: I understand that I cannot exceed my regular County wages when coordinating my leave banks with State Disability benefits.
___	<b>Leave Without Pay (LWOP):</b> This is a fully unpaid leave, no leave bank hours will be used for the duration of your leave. (Employee's in a LWOP status will not accrue additional leave while in LWOP status)

<b>Employee Acknowledgment</b>  _____ (Employee Initials)	<b>If your leave becomes unpaid, you will be responsible for submitting your share of the health benefit premium to the Department of Finance by the 10th day of the month preceding the coverage month. If your premium payment is not made in a timely manner, your group health insurance will be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse. The same provisions apply to the premium requirements for group dental, vision, and supplemental life insurance plans.</b>
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**3. ACCRUAL INFORMATION: Accrual Banks to be Coordinated during a Leave of Absence.**

Accruals will be used in the order of Sick Leave, Vacation and then Compensatory Time Off (CTO) if applying for State Disability or Paid Family Leave. Up to 80 hours of Vacation time may be kept in the bank if not filing a State Disability or Paid Family Leave claim. Please list any requests regarding accrual usage including if any Annual Leave should be used in the box below.

<p><input type="checkbox"/> <b>Yes, I would like to coordinate with Sick Leave with Supplemental Paid Sick Leave Pay (Not available if leave is for reason 3 above).</b></p> <p><input type="checkbox"/> <b>Yes, I would like to coordinate Vacation with Sick Leave with Supplemental Paid Sick Leave Pay.</b></p> <p><input type="checkbox"/> <b>Yes, I would like to coordinate Compensation Time off with Sick Leave with Supplemental Paid Sick Leave Pay.</b></p>
<p><b>Notes:</b></p>

**Employee Acknowledgement** (signature indicates the foregoing statements are true and correct):

*I understand that if my circumstances change, I must immediately inform my Department Head or Designee and the Personnel Department and I may be directed to report back to work (or telework).*

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head/Designee Acknowledgement:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Personnel Director or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>For Official Use Only</b></p>
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