



COUNTY OF GLENN

2022 COVID-19 California Supplemental Paid Sick Leave Request and Coordination of Benefits Authorization Form

On February 9, 2022, the Legislature passed SB 114 providing for a new round of COVID-19 supplemental paid sick leave. It was signed by the Governor on the same day and goes into effect on February 19, 2022. Its provisions are retroactive to January 1, 2022 and it sunsets by its own terms on September 30, 2022.

Full-time employees are entitled to 40 hours of supplemental paid sick leave. Part-time employees' entitlement is pro-rated based on the number of hours the employee normally works or, in the case of an employee with variable hours, the average number of hours the covered employee worked in a workday during the six-month period preceding the leave request.

1. EMPLOYEE INFORMATION:

Employee's Name: _____ Dept: _____

Supervisor Name: _____

I am requesting a: ___ Full-Time Leave ___ Part-Time Leave: Number of hours for Part-Time Leave: _____

Current work schedule: ___ 8 hours per day ___ Alternative Schedule (Please describe schedule below.)
I.e.: 9/80 with 2nd Monday off

From: _____ to _____

To be eligible for this leave you must be a Glenn County employee and unable to work or telecommute due to any of the qualifying reasons listed below.

I was/am unable to work or telecommute due to one of the following qualifying reasons between January 1, 2022 through September 30, 2022:

Qualifying reasons for up to 40 hours Supplemental Paid Sick Leave Pay are as follows:

- A. I was/am subject to a quarantine or isolation period as defined by the State Department of Public Health (CDPH), the federal Centers for Disease Control and Prevention (CDC), or a local public health officer.
B. I was/have been advised by a health care provider to isolate or quarantine.
C. I was/am is caring for a family member who is subject to a quarantine or isolation period.
D. I was/am caring for a minor child, whose school or place of care is closed due to COVID-19.
E. I was/am experiencing COVID symptoms and was/am seeking a diagnosis from a health care provider.
F. I was/am attending an appointment for myself or a family member to receive a vaccine or booster.
G. I was/am experiencing symptoms related to the receipt of a vaccine or booster or was/am caring for a family member experiencing such symptoms.
(Leave under F or G is limited to three days or 24 hours unless the employee provides verification from a health care provider that the symptoms persist beyond that time.)

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Qualifying reasons for up to 40 hours Additional Supplemental Paid Sick Leave Pay are as follows:

In addition to the initial 40 hours of supplemental paid sick leave, a covered employee is entitled to receive an additional 40 hours of supplemental paid sick leave if the covered employee or a family member tests positive for COVID-19. To receive this second 40-hour block of leave, however, the employee must test and provide proof of their or their family member’s positive test. If the employee refuses to provide such documentation, the employer has no obligation to provide the additional 40 hours of leave.

- A. I tested positive for COVID-19
- B. A family member tested positive for COVID-19

***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 of up to 40 hours of California Supplemental Paid Sick Leave Pay (Pay will be paid at regular rate of pay up to \$511 per day and \$5,110 in aggregate) (code 3082)
_____	I request the use of 40 hours of Additional California Supplemental Paid Sick Leave Pay (Pay will be paid at regular rate of pay up to \$511 per day and \$5,110 in aggregate) (Code 3084)
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 (State Disability/Paid Family Leave) 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.
_____	Leave Without Pay (LWOP): 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)

<p>Employee Acknowledgment</p> <p>_____</p> <p>(Employee Initials)</p>	<p>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.</p>
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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.

Yes, I would like to coordinate Sick Leave with Supplemental Paid Sick Leave Pay (Not available if leave is for reason 3 above).

Yes, I would like to coordinate Vacation with Sick Leave with Supplemental Paid Sick Leave Pay.

Yes, I would like to coordinate Compensation Time off with Sick Leave with Supplemental Paid Sick Leave Pay.

Notes:

4. Retro California Supplemental Paid Sick Leave Request:

If the qualifying reason selected above has occurred within the allowable time frames referenced above, you will be able to receive retroactive SPSL payment if you had to take leave without pay. If you used any of your accruals for the selected qualifying reason above, those accruals will be put back in your “bank” and will be replaced by SPSL hours.

Retro Accrual Usage _____ (Employee Initials)	I was off work during a previous pay period and request my accrual balances be credited back, up to 80 hours, for accruals previously used for leave due to the reasons listed above.
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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 telecommute).

Employee’s Signature: _____ **Date:** _____

Department Head/Designee Acknowledgement: _____ **Date:** _____

Personnel Director or Designee: _____ **Date:** _____

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