



REQUEST FOR COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)

To request SPSL, please complete the following request form and submit to your Supervisor and the Human Resources Department as soon as possible before leave commences. Documentation of the need for leave can be provided following submission of this form and may be provided directly to the Human Resources office via email. Verbal notice will be accepted until a form can be provided.

Section 1: Employee Information

Employee Name:
Job Title:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of Hours Per Week (ex. 40, 36, etc. or for PT, enter "variable" if hours aren't consistent):
Supervisor/Manager:
Department:

Section 2: Leave Request

Due to the reason selected below I am/was unable to work (or telework) and am requesting SPSL (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am attending an appointment to receive a vaccine for protection against contracting COVID-19.

NOTE: SPSL can be used if time exceeds two hours, since the City is providing two hours of paid time for receiving the vaccine.

- 5) I am experiencing symptoms related to a COVID-19 vaccine that prevent me from being able to work or telework.
- 6) I am caring for an individual who is subject to either number 1) or 2) above.

Relationship to Individual: ____

- 7) I am caring for a child, as defined in subdivision (c) of Section 245.5, whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

CHOOSE ONE:

- This is for leave used between January 1, 2021 and March 28, 2021. List dates:
- This is for leave to be used on or after March 29, 2021

Please select how you are requesting leave, if you will be unable to work/telework at all, select to take leave on a weekly basis. If you will be able to work some days of the week or some hours of each day, request leave be taken intermittently and describe your work schedule and days/hours you are requesting to take leave. **The maximum amount of leave available is two weeks (hours are dependent on your regular schedule, ex: a 36 hour employee has a maximum of 72 hours of SPSL available).**

_____ I request to take SPSL on a weekly basis and will be unable to work or telework during this leave

_____ I request to take SPSL intermittently as described below:

SPSL is compensate at your regular rate up to a maximum of \$511 per day, \$5,110 aggregate. Please work with your supervisor/department representative to fill out your time sheet with the appropriate number of hours of SPSL and other accrued leaves, if applicable.

Section 3: Acknowledgement and Signatures

I understand that if my circumstances change so that I am no longer eligible under one of the qualifying categories listed above, I must immediately inform my supervisor and the City of Alameda, and I may be directed to report for work or telework. I understand that documentation of my need for SPSL is required as listed below.

	Signature	Date
Employee:		
Supervisor/Manager:		

Reason for Leave	Documentation Required
You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19	If you are subject to an order specific to you, please provide that order. No documentation is required for the State of California Order or the Order by Alameda and the 6 other jurisdictions joining with Alameda.
You have been advised by a health care provider to self-quarantine related to COVID-19	Note from your doctor indicating you need to stay home, you do not need to provide a diagnosis or reason why you need to stay home
You are experiencing COVID-19 symptoms and are seeking a medical diagnosis	Note from your doctor indicating you are seeking diagnosis
You are attending an appointment to receive a vaccine for protection against contracting COVID-19. NOTE: SPSL can be used if time exceeds two hours, since the City is providing two hours of paid time for receiving the vaccine.	Copy of your appointment confirmation
You are experiencing symptoms related to a COVID-19 vaccine that prevent me from being able to work or telework	Copy of your appointment confirmation
You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2)	Note from the individuals doctor indicating that they have been advised to self-quarantine and that they require your care.
You are caring for your child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons	Notice of closure or unavailability from your child’s school, place of care, or child care provider, which may include a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.