



**California Supplemental Paid Sick Leave (SPSL) Request Form
(California Senate Bill 114, 2022)**

The California 2022 COVID-19 Supplemental Paid Sick Leave law (California Senate Bill 114) provides for COVID-19 supplemental paid sick leave (**up to \$511.00 per day**) for covered employees who are unable to work or telework due to reasons stated below from January 1, 2022, through September 30, 2022. Under the law, a covered employee is entitled to 80 hours of COVID-19 supplemental paid sick leave (pro-rated for part-time employees). The 80 hours of SPSL will also run concurrently with the County Natural Disaster Pay hours available to you for the same time period (40 hours).

The additional 80 hours now available will be divided in two separate “up to 40-hour” leave banks.

- Leave hours from one “up to 40-hour” bank will be available only if you are unable to work or telework for the following reasons:
 - **Caring for yourself:**
 - You are subject to a 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; or
 - You are advised by a healthcare provider to quarantine, or isolate related to COVID-19; 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 has been advised by a healthcare provider 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 or Booster Related:**
 - You are receiving or accompanying a family member to a vaccine/booster appointment or cannot work/telework due to vaccine/booster-related symptoms for either themselves or a family member.
- Leave hours from the second “up to 40-hour” bank will be available **only if** you test positive for or are caring for a family member who tests positive for, COVID-19 (Documentation that you or your family member tested positive is required).

Select the applicable leave bank for you request above and provide the following information:

Employee Name: _____

Employee ID Number: _____

Agency/Division: _____

Dates Absent from Work: _____

Total Hours Absent from Work (80 hours maximum*): _____

* Available SPSL hours are offset by available County Natural Disaster Pay hours (40 hours)

- If your SPSL pay exceeds the \$511 per day maximum, please indicate if you would like to utilize available sick or vacation/annual leave to make up the difference: Sick Leave bank Vacation/Annual Leave bank
(Hourly employees must use available sick leave hours before utilizing available vacation time.)
- If your absence from work/telework is more than three (3) consecutive workdays, you must also complete a Leave of Absence Request form, available on the CEO-HR/Benefits website at <https://hr.ventura.org/benefits>.

My signature on this form attests that all hours reported above for the period beginning January 1, 2022, through September 30, 2022, were directly related to the reason(s) I checked above. I shall be paid at my regular rate of pay for the period of absence (up to 80 hours) utilizing the appropriate Supplemental Paid Sick Leave time code. I understand that County Natural Disaster Pay received during this same time period and the hours available to me under the California 2022 COVID-19 Supplemental Paid Sick Leave law are used concurrently.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Submit completed and signed form to your agency/department HR-Benefits representative.

For a list of agency/department HR-Benefits representatives, click [here](#).