REQUEST FOR SUPPLEMENTAL PAID SICK LEAVE

While this leave can be requested orally, consistent with the City's Personnel Manual Section 10.20.1 an employee must notify her/his supervisor prior to the beginning of any working shift, which the employee will not report for work and for which she/he desires to use sick leaves. However, as soon as practicable, the completion and return of this form to Human Resources, is requested.

Employee Name: _____

Date of Request: _____

- ❑ Time off during a specific period of time
  Requested Leave Start Date: _____
  Estimated Return Date: _____
- ❑ Intermittent use, such as augmenting worked hours

I am requesting SPSL because I am unable to work or telework for the following reason:

☐ I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health ("CDPH"), the federal Centers for Disease Control and Prevention ("CDC"), or a local health officer who has jurisdiction over the workplace. The government agency that has issued the quarantine or isolation order is: _____ (e.g., state, county, city).

☐ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the healthcare provider who has advised me to self-quarantine due to concerns related to COVID-19 is: _____.

☐ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

☐ I am caring for a Family Member who is subject to a quarantine or isolation order or guidelines described above, or who has been advised to self-quarantine by a health care provider. The

Family Member I am caring for is:
_____ (state the relation to you of the Family Member you are caring for).

☐ I am caring for a Child whose school or place of care is closed *or* otherwise unavailable for reasons related to COVID-19 on the premises. The name of the school or place of care that is closed or otherwise unavailable is:
_____.

☐ I am attending an appointment to receive a vaccine for protection against contracting COVID-19. My vaccination appointment is on: _____ (date) at _____ (time).

☐ I am experiencing symptoms related to a COVID-19 vaccine.

☐ I have been excluded from my employer's workplace by the City of Oakley due to health concerns related to the potential transmission of COVID-19, including, but not limited to, my "close contact" with a known case of COVID-19 or as a result of a workplace COVID-19 outbreak at my workplace

I understand that I may be required to provide timely medical or other certification ahead of being paid Supplemental Paid Sick Leave. I understand that it is my obligation to discuss any inability to obtain the requested certification with Human Resources, if it cannot be practicably obtained.

Employee Signature/Acknowledgement:
By submitting this request for Supplemental Paid Sick Leave, I certify that: all information provided in this request is true and accurate and that I am eligible for paid leave for the reasons stated; I will update my supervisor and Human Resources if my availability for work changes or if my ability to work or telework changes; I understand that if my circumstances change and any of the above cease to apply to me, I must immediately inform my supervisor of that change.

_____ _____
Employee Signature Date

_____ _____
Human Resources Signature Date