



COLLEGE OF THE CANYONS

REQUEST FOR COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SB 114)

Employee Name: _____ Date of Request: _____
Department: _____ Position Title: _____
Expected Duration of Leave: _____ Date Leave Begins: _____
Work Schedule: _____

I am unable to work or telework for one of the following reasons (check one):

1. I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local public health officer who has jurisdiction over the workplace.
2. I have been advised by a health care provider to isolate or quarantine due to COVID-19.
3. I am attending an appointment for myself or a family member to receive a vaccine or a vaccine booster for protection against COVID-19.
4. I am experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevent you from being able to work or telework.
5. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
6. I am caring for a family member who:
 - A. Is subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, OR
 - B. Has been advised by a health care provider to isolate or quarantine.
7. 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.
8. I, or a family member for whom I am providing care, has tested positive for COVID-19.

Eligibility for COVID-19 Supplemental Paid Sick Leave (“SPSL”) and Amount Available to Covered Employees

1. Full-Time Employees: Employees who worked at least 40 hours per week in the two weeks before they take SPSL, or who the District considers to be full-time employees, are entitled to **40 hours** of SPSL. (Paid leave previously provided from 1/1/22 will be counted towards leave entitlement so that there is no duplication of pay.)
2. Part-Time Employees with Regular Schedules: Part-time Employees with a regular

weekly schedule are entitled to **the number of hours in one regular workweek** of SPSL.

3. Part-Time/Temporary Employees with Irregular Schedules: Employees who work variable hours are entitled to **the average number of hours the employee worked each workday over the last six months and multiplied by seven** of SPSL.
 - a. If the employee has worked for fewer than six months, then the District will calculate the average hours worked for the entire employment period and multiply the daily average by seven.
 - b. If an employee works variable hours and has only worked for seven days or fewer, then the employee receives an amount of SPSL equivalent to the total number of hours worked for the District.
4. In addition to the leave amounts described above, SB 114 also grants employees a separate “leave bank” of SPSL for qualifying reason #8 that equals the amount of SPSL the employee receives for qualifying reasons #1 through #7.

(Proof of eligibility required)

Please provide each date of absence and hours per day in the grid below. Approved forms will be submitted to Payroll to compare with your timesheet for the month. Once approved, place “COVID Leave” on your timesheet for the indicated dates/hours.

Date of Absence					

Employee’s Signature: _____

Date: _____

Approved by Human Resources: _____

Date: _____

Please return a completed copy to Dr. Rian Medlin-Human Resources: Fax (661) 362-5570 or rian.medlin@canyons.edu

Revised 3/7/2022