

DISCLAIMER: This form is designed to assist employers with 25 or more employees on compliance with their COVID-19 sick leave obligations in Senate Bill 95 (2021).

Dealers should note that Senate Bill 95 allows employees to submit oral requests for COVID-19 Supplemental Paid Sick Leave, so a dealers should not mandate the use of a written sick leave request form as a condition of taking the leave. However, the dealer can request that the employee fill out the form in order to have the necessary proof for reimbursement under the American Rescue Plan Act. Thus, a request can be made that the employee fill out the form once they are back in able to do so to confirm entitlement to payment. If an employee refuses to fill out and/or sign the attached Request form, you should not deny the paid leave, but instead a human resources representative or supervisor can fill out and sign the report as the supervisor based on an oral discussion with the employee.

If you have questions, or if you require legal assistance, please contact Fine, Boggs & Perkins LLP and/or your employment counsel.

CALIFORNIA LEAVE REQUEST FORM
COVID-19 SUPPLEMENTAL PAID SICK LEAVE and AMERICAN RESCUE PLAN ACT

Employee Name (print clearly)

Date

California and federal law permit employees to request COVID-19 Supplemental Paid Sick Leave for qualifying reasons, with paid leave available retroactive to January 1, 2021 (or April 1, 2021 for ARPA) and through September 30, 2021. In order to assist the employer in generating and maintaining records relating to leave requests and usage, employees are requested to complete this form.

Requested Period of Leave

I request the following period for my leave of absence: From _____ to _____.

Reasons for Leave

Please check all boxes that apply to your request for supplemental paid sick leave. Note: your completion and submission of this form constitutes a statement from you that you are unable to work because of the identified reason:

I am requesting time off work for the following reason(s):

- I am subject to a quarantine or isolation order related to COVID-19 issued by the following federal, state, or local government agency: _____. *(This includes federal state or local orders that direct individuals who live with someone who has COVID-19 to quarantine themselves, but it does not include general stay-at-home orders that are not specific to your circumstances.)*
- I have been advised to self-quarantine due to concerns related to COVID-19 by the following health care provider: _____.
- I am seeking a medical diagnosis regarding COVID-19 because I am experiencing symptoms of COVID-19; I have been exposed to someone with COVID-19; or I have been requested by my employer to obtain a COVID-19 test or diagnosis.
- I will be attending or have attended an appointment to receive a vaccine for protection against contracting COVID-19, or I have experienced symptoms related to a COVID-19 vaccine that prevent me from being able to work or telework.
- I am caring for a family member (list relationship: _____) who is subject to a quarantine or isolation order, or who has been advised to self-quarantine.
- I am caring for a child (name: _____), whose school or place of care (name: _____) is closed or otherwise unavailable for reasons related to
 - COVID-19 on the premises (e.g., reopened school closed again because of outbreak); or
 - COVID-19 precautions (e.g., school has not reopened).

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- I am requesting a leave of absence for reasons other than those listed above.

Other reason: _____

Further Information May be Required

Generally speaking, the employer will not require medical certification or other documentation relating to the stated basis for the requested leave. However, additional information may be required or requested, depending upon the basis for leave and whether the employer needs additional information or documentation in connection with tax or reporting requirements.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge.

Employee Signature

Date