*DISCLAIMER: This form is designed to assist employers with 500 or more employees on compliance with their COVID-19 sick leave obligations in Assembly Bill 1867 (2020).* ***Dealers should note that AB 1867 also allows employees to submit oral requests for leave, so a dealership should not mandate the use of a written sick leave request form.*** *If you have questions, or if you require legal assistance, please contact Fine, Boggs & Perkins LLP and/or your employment counsel.*

*If your dealership (or dealership group) has fewer than 500 employees, you must instead comply with the leave requirements in the Families First Coronavirus Response Act (FFCRA). CNCDA dealer members can download a FFCRA paid leave form on* [*www.employerlawyers.com*](http://www.employerlawyers.com) *and on* [*www.cncda.org*](http://www.cncda.org)*.*

# CALIFORNIA LEAVE REQUEST FORM

**COVID-19 SUPPLEMENTAL PAID SICK LEAVE**

**(500 OR MORE EMPLOYEES ONLY)**

*Employee Name (print clearly) Date*

Please check all boxes that apply to your request for supplemental paid sick leave.

**Employment Status**

I am considered by my employer to be a “full-time” employee

I have worked, or was scheduled to work on average, at least 40 hours per week in the two weeks preceding the date my requested leave is to begin.

**Leave Qualifications**

I am requesting time off work for the following reason(s) (check all that apply):

**Paid Sick Leave:** *A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee is normally scheduled to work or works on average over a two-week period. This is in addition to any regular paid sick leave benefits. The rate of pay shall be the employee’s regular rate of pay not to exceed $511.00 per day or a total of $5110.00 in total.*

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

I have been advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19.

I am prohibited from working by my employer due to health concerns related to the potential transmission of COVID-19.

## Personal Reasons Not Listed Above

I am requesting a leave of absence for reasons other than those listed above and below herein. Please write in the reason below:

## Requested Period of Leave

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

## Source of Ordered Isolation or Self-Quarantine

This is the information for the government agency or health care provider who ordered or advised me to quarantine:

Name of Person: Title of Person: Name of Organization/Entity: Address of Person: Telephone Number: Email address:

## 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 and I have attached the documentation proving my need for a leave.

Employee’s Signature Date

*Note if the employer already provides employees supplemental paid leave that is payable for the reasons listed above (Paid Sick Leave) that compensates the employee in an amount equal to or greater than the employee’s regular rate of pay not to exceed $511.00 per day ($5110.00 in the aggregate) to which the employee is entitled then the employer may count the hours of the other paid benefit or leave towards the total number of hours of COVID-19 Supplemental Paid Sick due herein. An employer may not offset COVID-19 Supplemental Paid Sick Leave obligations by using the employer’s regular state-mandated paid sick leave. Additionally, if the employer already provided supplemental paid leave between March 4, 2020, and September 19, 2020 for reasons listed above (Paid Sick Leave), but did not compensate the employee in an amount equal to or greater than the amount of compensation for COVID-19 Supplemental Paid Sick Leave listed above, the employer may retroactively provide supplemental pay to the employee to satisfy the compensation requirements for COVID-19 Supplemental Paid Sick Leave, in which case those hours may count towards the total number of hours of COVID-19 Supplemental Paid Sick Leave required herein.*

*Leave Request Form – Federal COVID-19 FFCRA—maintain in employee’s confidential medical personnel file*