

## ***Disclaimer and Employer Instructions***

*DISCLAIMER: This form is designed to assist employers with 25 or more employees on compliance with their COVID-19 Supplemental Paid Sick Leave obligations in Senate Bill 114 (February 2022) and the Cal/OSHA ETS Exclusion Pay.*

***Instructions: Employees that submit a request for leave under Part II (work-related exposure or illness) are generally entitled to take Cal/OSHA ETS Exclusion Pay before taking SB 114 Supplemental Paid Sick Leave. As such, an employer should not deduct an employee's balance of SB 114 Supplemental Paid Sick Leave for work-related exposure or illness. If an employee has a work-related COVID-19 exclusion that looks to last more than five workdays, you should should contact your employment lawyers for further guidance before denying additional leave to the employee.***

***Dealers should also note employees may submit oral requests for COVID-19 leave, so a dealers should not mandate the use of a written sick leave request form as a condition of taking the leave. However, a request can be made that the employee fill out the form once they are back and 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

## Cal/OSHA ETS EXCLUSION PAY AND COVID-19 SUPPLEMENTAL PAID SICK LEAVE

California law requires employers to make available paid leave relating to COVID-19 under a patchwork of qualifying statutory and regulatory programs, including the SB 114 Supplemental Paid Sick Leave provisions and the Emergency Temporary Standards set forth by the Division of Occupational Safety and Health (Cal/OSHA). This form has been developed to assist employees and employers with requesting available leaves and the generation and maintenance of records relating to leave request and usage. Employees are requested to provide the information requested below. Completion and submission of this form constitutes certification by you that the information herein is true and complete to the best of your knowledge.

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### Part I — Employee Requesting Leave and Applicable Dates

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\_\_\_\_\_  
Employee Name (print clearly)

\_\_\_\_\_  
Date Form Completed

\_\_\_\_\_  
First Date of Leave

\_\_\_\_\_  
Anticipated Last Date of Leave

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### Part II — Work-Related Exposure or Illness

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You should complete this Part of the form if you have missed or expect to miss work because of work-related Close-Contact Exposure to a COVID-19 case, or because you have experienced symptoms of or tested positive for COVID-19 and believe it to be a result of a work-related contact (or have no idea where you may have been exposed to COVID-19). If this does not describe your situation, skip down to Part III.

**Mark only one option** and be sure to fill in the requested information for the option you mark.

- I have been informed that I have had a “Close-Contact Exposure” to someone in the workplace with a known case of COVID-19, and I am neither “Up-to-Date on Vaccinations” nor have I recovered within the last 90 days from a known case of COVID-19.

*Note: A “Close-Contact Exposure” means being within 6 feet or less for more than 15 minutes within any 24-hour period of a known case of COVID-19 during their high-risk exposure period, which begins 48 hours prior to the earlier of appearance of that individual’s COVID-19 symptoms or their initial positive COVID-19 test and continues until the individual has been cleared to discontinue COVID-19 isolation. “Up-to-Date on Vaccinations” means that you have been fully vaccinated (completed the primary COVID-19 vaccination series at least two weeks ago) and that you have received any booster vaccine for which you are eligible. As of early 2022, boosters are authorized for everyone 12 years of age and older (although only the Pfizer booster is authorized for teens 12-17 years of age) if they have received their primary COVID-19 vaccination series at least 5 months ago for Pfizer and Moderna (mRNA) vaccines, or at least 2 months ago for the Johnson & Johnson/Janssen vaccine.*

- I recently tested positive for COVID-19, regardless of vaccine status. My initial positive test sample was submitted for testing on \_\_\_\_\_. (Insert Date.)
- I recently became symptomatic with symptoms consistent with COVID-19, regardless of vaccine status. The date I first experienced symptoms was \_\_\_\_\_. I will take a COVID-19 test and inform the employer of the results and provide proof of the test result if required.

**If you checked any of the above boxes, skip Part III and proceed directly to Part IV (signing the form) on the following page, then turn in the signed form to the General Manager.**

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## Part III — Non-Work-Related Exposure or Illness

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Please **check all boxes that apply** to your request for COVID-19 leave and supplemental paid sick leave benefits. If you checked any box under Part II, skip this Part and proceed directly to Part IV.

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 or have been advised to self-quarantine by a health care professional. Name of government agency or health care professional \_\_\_\_\_.

*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 am caring for a "family member" (i.e., a parent, child, spouse, registered domestic partner, grandparent, grandchild or sibling) who is subject to COVID-19 quarantine/isolation.
- I am attending an appointment to receive a vaccine or vaccine booster for myself or "family member."
- I am experiencing COVID symptoms, or I am caring for a "family member" experiencing COVID symptoms, related to vaccine or vaccine booster.

*Note: Leave related to vaccine shots can be limited to 24 hours/3 days per shot.*

- I am experiencing COVID symptoms and seeking medical diagnosis.
- 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).

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

*Other reason:* \_\_\_\_\_

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## Part IV — Signature and Confirmation

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Once completed, this form should be signed to certify and confirm that all information set forth herein is true and correct to the best of your knowledge, and the form should be turned in to your General Manager.

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 other reporting requirements. For example, if you test positive, you will be required to submit to another test on or after the fifth day after the first positive test or onset of symptoms and provide documentation of those results. You will also be required to provide documentation of a family member's test result before receiving more than 40 hours of COVID-19 Supplemental Paid Sick Leave. Note: The employer has no obligation to provide additional COVID-19 supplemental paid sick leave if you refuse to provide documentation of a test result.

***I certify that the foregoing is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date