



REQUEST FOR LEAVE OF ABSENCE ***Related to COVID-19*** ***Supplemental Paid Sick Leave*** ***(Labor Code § 248.2)***

Instructions:

1. All employees may request a paid leave of absence related to COVID-19 under California Labor Code Section 248.2 – COVID-19 Supplemental Paid Sick Leave. A description of this leave is provided on page 2 of this document.
2. To request this leave, employees must complete the “Request Form for Leave of Absence Related to COVID-19 Supplemental Paid Sick Leave (Labor Code § 248.2).” The form is available as a PDF document or as a PDF Fillable document on the Department of Human Resources website at <https://bit.ly/2PuY1HC>.
3. Employees must submit the completed request form to their department’s Human Resources Office
 - Employees who do not know how to reach their department’s Human Resource Office can check with their supervisor or their department’s Administrative Services Office for assistance. A list of all Departmental Human Resources Managers can be found [here](#).
 - Departmental Human Resources Offices will provide employees with an e-mail address that can be used to electronically submit the completed request form. If the request form is completed electronically and the employee is unable to submit the form with their electronic signature applied, the employee may submit the completed, unsigned request form as an attachment to an e-mail from their work or personal e-mail address. Unsigned request forms may not be submitted from an e-mail address that does not belong to the employee. The information in an employee's submission of a completed and unsigned request form from the employee’s e-mail address will be deemed as their certification of the information listed in the form.



COVID-19 SUPPLEMENTAL PAID SICK LEAVE (Labor Code § 248.2)	
Effective Date	March 29, 2021.
Who is Eligible	All County of Los Angeles employees.
Amount of Leave	<p><u>Full-Time Employees</u>: Up to 80 hours.</p> <p><u>Part-Time Employees</u>: The number of available leave hours are prorated based on the normally scheduled hours an employee works in a 2-week period or, if the part-time employee works a variable number of hours, the leave allowance will be based on 14 times the average number of hours the part-time employee worked each day in the 6 months preceding the date the part-time employee took COVID-19 supplemental paid sick leave.</p> <p><u>Active-Duty Fire Fighters</u>: The leave allocation will be based on the number of hours the fire fighter was scheduled to work in the 2-week period immediately preceding the taking of COVID-19 supplemental paid sick leave.</p>
Qualifying Reasons	<p>The Employee is unable to work or telework due to any of the following reasons:</p> <ol style="list-style-type: none"> 1) They are subject to a federal, state, or local quarantine or isolation order or guidelines related to COVID-19. If the employee is subject to one or more of the orders/guidelines, the employee will be permitted to use COVID-19 supplemental paid sick leave for the minimum quarantine or isolation period under the order/guidelines that provides the longest such minimum period; 2) The employee has been advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19; 3) The employee is attending an appointment to receive a vaccine for protection against contracting COVID-19; 4) The employee is experiencing symptoms related to a COVID-19 vaccine that prevents the employee from being able to work or telework; 5) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis; 6) The employee is caring for a family member who is subject to an order or guidelines described in Qualifying Reason #1 or who has been advised to self-quarantine, as described in Qualifying Reason #2; or 7) The employee is caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.
Applicable Offset	<p>Employees who, between January 1, 2021 and March 28, 2021, were provided with Emergency Paid Sick Leave (EPSL), Emergency Family and Medical Leave Expansion Act (Expanded FMLA), COVID Leave or COVID Paid Leave hours for one of the qualifying reasons covered by Labor Code § 248.2 and have exhausted those hours are <u>not</u> eligible for COVID-19 supplemental paid sick leave.</p> <p>Employees who were provided with <u>unpaid</u> leave or were not paid in an amount required by Labor Code § 248.2 for one of the qualifying reasons between January 1, 2021 and March 28, 2021 are eligible for retroactive supplemental paid leave.</p>
Pay	<p>Qualifying employees are paid at their regular rate of pay or the current minimum wage, whichever is greater.</p> <p>Departments are not required to pay more than \$511 per day and \$5,110 in total.</p>
Relationship with Other Leaves	Employees are not required to use other accrued leaves prior to using this leave. Use of this leave does not count against an employee's paid leave accrual balances, such as accrued vacation leave, sick leave, etc.
Request for Approval	Employees requesting approval for COVID-19 supplemental paid sick leave may submit the request form attached here to their department's Human Resources Office.



COVID-19 SUPPLEMENTAL PAID SICK LEAVE
(Labor Code § 248.2)

When the need for leave is foreseeable, employees should notify their department's Human Resources Office of the need for leave as soon as can be arranged.

COVID-19 supplemental paid sick leave is available until September 30, 2021.



REQUEST FORM FOR LEAVE OF ABSENCE Related to COVID-19 Supplemental Paid Sick Leave (Labor Code § 248.2)

In order to be eligible for this leave, you must be a Los Angeles County employee and be unable to work or telework due to any of the qualifying reasons listed in Labor Code §248.2.

Employee Name (Last, First):		Employee Number:	
Department:			
Employee Information			
Payroll Title:			
Personal E-mail Address		Work E-mail Address	
Home Telephone		Cell Telephone	
Supervisor Information			
Name		Title	
E-mail Address		Work Telephone	

Section 1: Employee Leave Request			
1. I am requesting the following leave:			
<input type="checkbox"/> COVID-19 Supplemental Paid Sick Leave.		Requested Start Date:	Requested End Date:
Type of Leave Requested (check one):			
___ Continuous			
___ Intermittent (If teleworking) - Please provide details of requested leave schedule:			



2. Check one of the following:

- This is my first leave request since January 1, 2021.
- This is a supplemental/subsequent request to extend previously approved EPSL, Expanded FMLA, COVID Leave, and/or COVID Paid Leave, which was approved or after January 1, 2021. If so, complete #3 below.
- Since January 1, 2021, I had requested and was denied EPSL, Expanded FMLA, COVID Leave, and/or COVID Paid, but was allowed an unpaid leave of absence.

Date of denial _____ Reason _____

Dates of unpaid leave taken _____

3. I was previously approved for and used EPSL, Expanded FMLA, COVID Leave, and/or COVID Paid Leave: Yes No

If yes, type of leave provided (check all that apply):

- EPSL/COVID Paid Leave (111/111F)
 Expanded FMLA/COVID Leave (079)

Since January 1, 2021, I have exhausted the EPSL, Expanded FMLA, COVID Leave, and/or COVID Paid Leave previously provided: Yes No

Dates of Leave: _____

The EPSL, Expanded FMLA, COVID Leave, and/or COVID Paid Leave provided to me was because (check all that apply):

- | | |
|--------------------------|--|
| <input type="checkbox"/> | I was subject to a federal, state, or local quarantine or isolation order related to COVID-19. |
| <input type="checkbox"/> | I was advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19. |
| <input type="checkbox"/> | I was experiencing symptoms of COVID-19. |
| <input type="checkbox"/> | I was caring for an individual who was subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who was advised by a health care provider to self-quarantine due to concerns related to COVID-19. |
| <input type="checkbox"/> | I cared for my son/daughter whose school or place of care was closed or whose child-care provider was unavailable due to COVID-19. |



SECTION 2 – CALIFORNIA COVID-19 SUPPLEMENTAL PAID SICK LEAVE

Check in left column all qualifying reasons for leave request.

1. I am subject to quarantine or isolation period related to COVID-19 as defined by an order or guidelines issued by the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer.

A. Provide Government Agency that issued the order or guidelines:

Federal Centers for Disease Control and Prevention

State of California Department of Public Health

County of Los Angeles Health Officer

Other: _____

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

A. Provide name of health care provider that advised you to self-quarantine or self-isolate:

3. I am attending an appointment to receive a vaccine for protection against contracting COVID-19.

4. I am experiencing symptoms related to a COVID-19 vaccine that prevents me 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 is subject to an order or guidelines described in Qualifying Reason #1 or who has been advised to self-quarantine, as described in Qualifying Reason #2.

A. Provide name and relationship to family member(s):

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.

A. Provide child's name and school/place of care that is closed:



Certification: I am unable to work or telework and hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing department's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if requested) and that falsification of this form may be grounds for disciplinary action, including discharge. I understand and fully acknowledge that, should an overpayment occur, I am required to repay the number of hours of paid leave I was not entitled to.

Employee Signature

Date

Privacy Act

Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: to the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the County of Los Angeles Department of Human Resources or the Chief Executive Office when the information is required for evaluation of leave administration; or the Internal Services Department in connection with its responsibilities for records management



FOR DEPARTMENTAL USE ONLY

Approved as requested by employee.

Request is approved with the following modification(s):

Request is NOT approved because:

This employee did not provide a qualifying reason covered by Labor Code § 248.2.

Since January 1, 2021, this employee has been previously provided with EPSL, Expanded FMLA, COVID Leave and/or COVID Paid Leave hours for one of the qualifying reasons covered by Labor Code § 248.2, was compensated at the level required by Labor Code § 248.2, and has exhausted those hours.

Other:

DEPARTMENT HEAD/DESIGNEE SIGNATURE

DATE

DEPARTMENT HEAD/DESIGNEE NAME

LOS ANGELES COUNTY
DEPARTMENTAL HUMAN RESOURCES MANAGERS

Updated: March 25, 2021

First Name	Last Name	Department	E-Mail Address	Phone Number
Luz	Luna Sepulveda	Agricultural Weights & Measures	lluna@acwm.lacounty.gov	(626) 575-5464
Robert	Meneses	Alternate Public Defender	RMeneses@apd.lacounty.gov	(213) 974-8246
David	Hou	Animal Care & Control	DHou@animalcare.lacounty.gov	(562) 256-7100
Alejandra (Alex)	Hinojosa	Arts and Culture	ahinojosa@arts.lacounty.gov	(213) 273-8320
Brian	Zepeda	Assessor	BZepeda@assessor.lacounty.gov	(213) 974-7590
Patricia	Navarro Ramirez	Auditor-Controller	pramirez@auditor.lacounty.gov	(213) 974-8308
Andrew	Flores	Beaches & Harbors	aflores@bh.lacounty.gov	(424) 526-7781
Stacey	Winters	Chief Executive Office	swinters@ceo.lacounty.gov	(213) 974-2617
Tatiana	Moskova	Child Support Services	Tatiana_Moskova@cssd.lacounty.gov	(323) 889-3415
Lynne	Condon	Children & Family Services	condol@dcfs.lacounty.gov	(213) 351-5528
Steve	Cheng	Civil Service Commission	cscheng@bos.lacounty.gov	(213) 974-2411
Chavon	Smith	Consumer and Business Affairs	CSmith@dcba.lacounty.gov	(213) 712-5502
Jeanette	Hartfield	County Counsel	JHartfield@counsel.lacounty.gov	(213) 974-1970
Stanley	Yen	District Attorney	syen@da.lacounty.gov	(213) 257-2701
Christian	DeSario	Executive Office of the Board	CDeSario@bos.lacounty.gov	
Roxanne	Benavides Ortega	Fire	Roxanne.Benavides@fire.lacounty.gov	(323) 881-2327
Elizabeth	Jacobi	Health Services	ejacobi@dhs.lacounty.gov	(323) 914-5135
Josette	Dolan	Los Angeles County Development Authority	Josette.dolan@lacda.org	(626) 586-1688
Gina	Lugo-Tully	Human Resources	GLugo-Tully@hr.lacounty.gov	(213) 893-7814
Bryce	Tyler	Internal Services	Btyler@isd.lacounty.gov	(323) 881-3676
Carly	Ntoya	LACERA	cntoya@lacera.com	(626) 564-6000

LOS ANGELES COUNTY
DEPARTMENTAL HUMAN RESOURCES MANAGERS

Updated: March 25, 2021

Jacklin	Injjian	LA Library	JInjjian@library.lacounty.gov	(562) 940-8434
TaNeisha	Franklin	Mental Health	TaFranklin@dmh.lacounty.gov	(213) 972-7000
Marci	Coromac	Medical Examiner-Coroner	MCoromac@coroner.lacounty.gov	(323) 343-0765
Rosario	Bueta	Military & Veterans Affairs	RBueta@mva.lacounty.gov	(213) 765-9632
Shelby	Boagni	Museum of Arts	sboagni@lacma.org	(213) 202-5858
Nooshin	Nathan	Natural History Museum	nnathan@nhm.org	(213) 763-3223
Vicky	Santana	Parks	vsantana@parks.lacounty.gov	(626) 588-5142
Deanna	Carlisle	Probation	Deanna.Carlisle@probation.lacounty.gov	(562) 940-2551
Bernie	Dillon	Public Defender	Bdillon@pubdef.lacounty.gov	(213) 974-2866
Johanna	Prieto	Public Health	JPrieto@ph.lacounty.gov	(323) 914-9393
Chanwantha Sam	Limon	Public Social Services	ChanwanthaSamLimon@dpss.lacounty.gov	(562) 551-3301
Sherise	English	Public Social Services	SheriseEnglish@dpss.lacounty.gov	(562) 551-3301
Arlene	Santos	Public Works	ASantos@dpw.lacounty.gov	(626) 458-2123
Clayton	Larson	Regional Planning	CLarson@planning.lacounty.gov	(213) 974-6677
Emma	Nava	Registrar Recorder/County Clerk	ENava@rrcc.lacounty.gov	(562) 462-2299
John	McBride	Sheriff	JMMcBrid@lasd.org	(213) 229-3116
Hector	Cuevas	Superior Court	hbcuevas@lacourt.gov	(213) 633-4994
Viviana "Vibiana"	Navarro	Treasurer Tax Collector	VNavarro@ttc.lacounty.gov	(213) 974-2378
Derrick	Martin	Workforce Development, Aging, and Community Services	DMartin@wdacs.lacounty.gov	(213) 738-2604