



REQUEST FOR 2022 COVID-19 SUPPLEMENTAL PAID SICK LEAVE

Instructions:

1. All employees may request paid time off related to COVID-19 under California Senate Bill 114 – COVID-19 Supplemental Paid Sick Leave (SPSL). A description of this leave is provided on page 2 of this document.
2. To request this time off, employees should complete the “Request For 2022 COVID-19 Supplemental Paid Sick Leave (SB 114).” The form is available as a PDF document or as a PDF fillable document on the Department of Human Resources website at <https://employee.hr.lacounty.gov/covid19-supplemental/>.
3. Employees should submit the completed request form to their department’s Human Resources Office.
 - 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. 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.
 - Unsigned request forms may not be submitted from an e-mail address that does not belong to the employee.



COUNTY OF LOS ANGELES
Department of Human Resources | Occupational Health/Leave Management
Countywide Protected Leaves of Absence

COVID-19 SUPPLEMENTAL PAID SICK LEAVE/SB 114	
Effective Date	February 19, 2022, retroactive to January 1, 2022
Who is Eligible	All County of Los Angeles employees
Amount of Leave in Each Bank	<p><u>Full-Time Employees:</u> Up to 40 hours</p> <p><u>Part-Time Employees:</u> Employees with a regular weekly schedule: an amount equal to one regular workweek.</p> <p><u>Employees with irregular schedules or variable hours:</u> (1) Calculating the average number of hours the employee worked each day over the last 6 months and multiplying the result by 7 to get the amount of 2022 COVID-19 SPSL benefit time. (2) If the employee worked fewer than (six) 6 months, then, the allocation would be determined by calculating the average hours worked for the entire employment period and multiplying the daily average by a factor of seven (7). (3) If an employee worked variable hours and only worked for seven (7) days or less, the employee receives an amount of 2022 COVID-19 SPSL benefit time equal to the total hours worked for the employer.</p> <p><u>Firefighters:</u> Firefighters who were scheduled to work more than 40 hours in the workweek before they take 2022 COVID-19 SPSL are entitled to the total number of hours the employee was scheduled to work that workweek.</p>
Qualifying Reasons for 2022 COVID-19 SPSL	<p>The Employee is unable to work or telework due to any of the following reasons:</p> <ul 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 more than one quarantine or isolation period, the employee will be permitted to use COVID-19 SPSL 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 for themselves or a family member to receive a vaccine or a vaccine booster for protection against contracting COVID-19;



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	<p>(4) The employee is experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevents the employee from being able to work or telework;</p> <ul style="list-style-type: none"> For each vaccination or vaccine booster, the maximum amount of supplemental paid sick leave that can be used is three (3) days or 24 hours unless the employee provides verification from a health care provider that the covered employee or their family member is continuing to experience symptoms related to a COVID-19 vaccine or vaccine booster. This includes the time used to get the vaccine or vaccine booster. <p>(5) The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;</p> <p>(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 or self-isolate, as described in Qualifying Reason #2;</p> <p>(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; or</p> <p>(8) The employee or a family member for whom the employee is providing care tests positive for COVID-19. The employee must attest to a positive COVID-19 test result when requesting SPSL. The County may request proof of a positive COVID-19 test result.</p>
<p>Availability of 2022 COVID-19 SPSL Hours</p>	<p>2022 COVID-19 SPSL is broken out into <i>two (2) separate leave buckets</i>:</p> <p>In the first bucket, full-time employees are entitled to 40 hours of COVID-19 SPSL for qualifying leave reasons one (1) through seven (7).</p> <p>Upon providing an attestation of a positive COVID-19 test result, hours will be added to the second bucket. Full-time employees are entitled to an additional 40 hours of COVID-19 SPSL for Qualifying Reason #8. The County may request proof of a positive COVID-19 test result.</p> <p>An employee is not required to exhaust the first bucket of 40 hours of SPSL before requesting to use the second bucket of 40 hours of SPSL available for a COVID-19 positive test result.</p>
<p>Pay</p>	<p>Qualifying employees are paid at their regular rate of pay.</p>
<p>Relationship with Other Leaves</p>	<p>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 other paid leave accrual balances, such as accrued vacation leave, sick leave, etc.</p>



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Request for Approval	<p>Employees requesting approval for 2022 COVID-19 SPSL may submit the request form to their department's Human Resources Office.</p> <p><u>SPECIAL NOTE FOR DHS EMPLOYEES</u></p> <p>Please submit the request form to: <u>COVIDpay@dhs.lacounty.gov</u></p> <p>When the need for leave is foreseeable, employees should notify their department's Human Resources Office of the need for leave as soon as possible.</p>
SPSL Expiration	<p>2022 COVID-19 SPSL is available until December 31, 2022. An employee who is taking SPSL at the time of expiration may be permitted to take the full amount of SPSL.</p>



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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 Senate Bill 114.

Employee Information	
Employee First Name & Last Name	Employee Number
Employee's Department	
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 2022 COVID-19 Supplemental Paid Sick Leave for the following dates: <div style="display: flex; justify-content: space-between;">FROM:TO:</div>
2.	I am requesting 2022-COVID-19 Supplemental Paid Sick Leave as follows (choose one): <div style="margin-left: 20px;"><input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave</div> <div style="margin-left: 20px;">For intermittent leave requests, please provide the details of the requested leave schedule: _____ _____</div>



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Employee Information	
Employee First Name & Last Name	Employee Number
3.	Check in left column ALL qualifying reasons for leave request:
<input type="checkbox"/>	<p>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.</p> <p>Indicate which Government Agency issued the order or guidelines:</p> <p>_____ Federal Centers for Disease Control and Prevention</p> <p>_____ State of California Department of Public Health</p> <p>_____ County of Los Angeles Health Officer</p> <p>_____ Other _____</p>
<input type="checkbox"/>	<p>I was advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19.</p> <p>Provide name of health care provider that advised you to self-quarantine or self-isolate:</p> <p>_____</p>
<input type="checkbox"/>	<p>I am attending an appointment for myself or a “covered” family member to receive a vaccine or vaccine booster for protection against contracting COVID-19.</p>
<input type="checkbox"/>	<p>I am experiencing symptoms, or I am caring for a qualified family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevents me from being able to work or telework.</p>
<input type="checkbox"/>	<p>I am experiencing symptoms of COVID-19 infection and seeking a medical diagnosis.</p>
<input type="checkbox"/>	<p>I am caring for a qualified family member who is subject to an order or guidelines described in Qualifying Reason #1 or who has been advised to self-quarantine or self-isolate, as described in Qualifying Reason #2. Provide name and relationship to qualified family member: _____</p>



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Employee Information

Employee First Name & Last Name	Employee Number
<input type="checkbox"/>	<p>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.</p> <p>Provide child's name and school/place of care that is closed due to COVID-19 related reasons.</p> <hr/> <hr/>
<input type="checkbox"/>	<p>I attest that I tested positive for COVID-19, or I am caring for a qualified family member who tested positive for COVID-19. I understand that the County may require evidence of a positive COVID-19 test result.</p> <p>Provide the name(s) and relationship(s) to qualified family member(s):</p> <hr/> <p>Provide date of positive COVID-19 test results:</p> <hr/>

**COMPLETE SECTION 4 ONLY IF YOU ARE REQUESTING
TO AMEND A PREVIOUSLY SUBMITTED TIMECARD FOR LEAVE TAKEN**

4.	I was unable to work or telework and used my accrued leave benefit time or had unpaid absences 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 healthcare provider to self-quarantine or self-isolate due to concerns related to COVID-19.
<input type="checkbox"/>	I attended an appointment for myself or a qualified family member to receive a vaccine or a vaccine booster for protection against contracting COVID-19.
<input type="checkbox"/>	I was experiencing symptoms, or caring for a qualified family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster.



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Employee Information	
Employee First Name & Last Name	Employee Number
4.	I was unable to work or telework and used my accrued leave benefit time or had unpaid absences because (check all that apply) (continued):
<input type="checkbox"/>	I was experiencing symptoms of COVID-19 infection and seeking a medical diagnosis.
<input type="checkbox"/>	I was caring for a qualified family member who was subject to an order or guidelines as described in Qualifying Reason #1, or who was advised to self-quarantine or self-isolate, as described in Qualifying Reason #2.
<input type="checkbox"/>	I cared for my child whose school/place of care was closed or unavailable for reasons related to COVID-19 on the premises.
<input type="checkbox"/>	I attest that I tested positive for COVID-19, or a qualified family member I provided care for, tested positive for COVID-19. I understand that the County may require evidence of a positive COVID-19 test result. Provide the name of your qualified family member, and your relationship to this person: _____

Certification:

I hereby request leave as indicated above, and certify that such leave is requested for the purpose(s) indicated. I understand that I must comply with my employing department's procedures for requesting leave (and provide additional documentation, including medical certification, if applicable) and that falsification of any information in this form may be grounds for disciplinary action, up to and 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 Printed Name

Employee Number

Employee Signature

Date



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INDICATE DISPOSITION OF REQUEST

<input type="checkbox"/>	This request is approved as requested.
<input type="checkbox"/>	This request is approved with the following modification:
<input type="checkbox"/>	This request is not approved because:
<input type="checkbox"/>	The employee did not provide a qualifying reason covered by SB 114.
<input type="checkbox"/>	Other: _____ _____

AUTHORIZATION

_____ Department Head/Designee Printed Name	
_____ Department Head / Designee Signature	_____ Date