



**Request for Supplemental Paid Sick Leave
Pursuant to CA Senate Bill 114 or CSU
Enhancement**

Employee Name:		Email:
Position:	Department:	Full-Time: Part-Time: Time Base:
Appropriate Administrator (MPP Supervisor/Dept. Head/Chair):		Exempt: Non-Exempt:
Employee Group:		Rehired Annuitant/FERP

Employees who are unable to work due to COVID-19-related reasons may request up to 80 hours (10 days) of Supplemental Paid Sick Leave (SPSL) pursuant to [California Senate Bill \(SB\) 114 \(Chapter 4\)](#), signed by the Governor on February 9, 2022. All employees are eligible for SPSL except for work study student employees. SPSL hours are pro-rated for part-time employees according to their full-time equivalency or the time base of their appointment. The maximum number of SPSL I am eligible for is equal to ____ hours.

SB 114 provides for SPSL retroactively to January 1, 2022, through September 30, 2022 and establishes a daily maximum pay. For unrepresented employees, the CSU extended the deadline for SPSL to December 31, 2022, and eliminated the SPSL pay maximums prescribed in SB 114. As of March 15, 2022, CFA and UAW secured these enhancements for their employees through bargaining. SPSL will be administered to represented employees pursuant to SB 114 unless and until agreements are reached with the remaining unions, at which time the resulting MOU will govern the administration of SPSL.

To request SPSL, employees shall complete, sign and submit this form. Employees requesting retroactive SPSL for time already taken which they believe qualifies for SPSL must submit this form to request approval and restoration of personal leave credits or reimbursement of pay for docked time.

Employees may only utilize SPSL for time period(s) in which they are scheduled to work and are unable to work on site or to telework, thus making time off necessary. SPSL cannot be used to extend a temporary appointment or to receive pay during periods in which an employee is not scheduled to work. Employees who have been notified by the campus of potential exposure of COVID-19 on campus and are required to quarantine remain eligible for Exclusion Pay if they are unable to telework. Employees exposed outside of the worksite who are required to quarantine and unable to telework must use SPSL. In cases where an employee received Exclusion Pay in order to remain in pay status but is not otherwise eligible for Exclusion Pay, SPSL will be applied (except for employees in Units 1, 3, and 8) and the employee will be notified. Unused SPSL has no value if an employee separates from CSU employment.

PERMISSIBLE USES OF LEAVE

Check Box(es) to Select Reason(s)	Qualifying Reasons to Use up to 40 hours (5 days) Supplemental Paid Sick Leave (SPSL)
<input type="checkbox"/>	I am subject to a quarantine or isolation period related to COVID-19 as defined by federal, state, or local orders or guidelines.
<input type="checkbox"/>	I am advised by a health care provider to isolate or quarantine due to concerns related to COVID-19.
<input type="checkbox"/>	I am attending an appointment for myself or my family member to receive a COVID-19 vaccine or a vaccine booster. [I have read the leave usage restrictions that may apply to vaccinations (including boosters) below in the next box.]

	I am experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevents me from being able to work or telework. [If requested, I understand I must provide verification from a health care provider to use SPSL for this reason beyond 3 days (24 hours). I further understand that the 3 day or 24-hour limitation applies to each vaccine or vaccine booster for me or my family member and includes the time used to get the vaccine or vaccine booster.]
	I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
	I am caring for a family member who is subject to a quarantine or isolation order or guideline or who has been advised to isolate or quarantine by a health care provider due to concerns related to COVID-19.
	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.
Check Box to Select Reason	Qualifying Reasons to Use up to an additional 40 hours (5 days) Supplemental Paid Sick Leave (SPSL)
	I have tested positive for COVID-19, or a family member that is under my care has tested positive for COVID-19. [I acknowledge that I must submit to a COVID test on or after the fifth day following my initial COVID test and provide documentation of the result in order to return to work. I further acknowledge that I must provide a positive COVID-19 test for my family member upon request.]

Requested for SPSL

This form is to be used only to request the use of SPSL. Actual time used must also be submitted through Absence Management Self Service. SPSL hours are to be entered in AMSS under "PAL/FFCRA" with "SPSL" included in Comments.

Retroactive:

Please select "Yes" in the Retroactive box below if you reported use of your personal leave credits (i.e. sick, vacation, CTO) or were in dock pay status in a past month (beginning January 1, 2022) for an absence that may be covered by SPSL. If you do not select "Yes," your previous absences will not be adjusted. Payroll will process the retroactive adjustments.

Please select "No" in the Retroactive box below if you reported PAL/FFCRA in Absence Management for your absence.

Hourly/Student employees: If you missed work and were not paid for scheduled hours now covered by SPSL, select Retroactive "Yes" so you can be paid for those hours.

Retroactive Request for Time Already Taken?	Month	Date(s) requested (Additional detail may be attached to this form. Exempt employees must use time in full day increments. Time must be entered as hours.)	Hours Requested
		Total Hours	

SIGNED AND AGREED BY:

To the best of my knowledge and belief, I certify that the facts stated above are accurate and in full compliance with CSU policies for SPSL requirements. I understand I may be asked to substantiate the reason for the leave in accordance with current Bargaining Unit MOU and/or CSU Policies.

Employee Name: _____ Signature: _____ Date: _____

I approve the use of Supplemental Paid Sick Leave as indicated above.

HR Business Partner/Associate Dean: _____ Signature: _____ Date: _____

Human Resources/Academic Personnel: _____ Signature: _____ Date: _____

SAMPLE