



South Orange County Community College District COVID - 19 SPSL Request Form

Employee Name: Last: _____ First: _____

Job Title: _____

Classification: Short-term/NBU Academic Administrator Classified Management Classified Staff
 POA Full Time Faculty Part Time Faculty

Department/Division/Operating Unit: _____

Location/Campus: District Irvine Valley College Saddleback College ATEP

Instructions: Pending submission of this form and receiving SPSL, please report your absence in Workday using your accrued paid time off for the dates and times you were off work for any of the COVID related reasons. At the end of your absence, submit this form and required documentation, such as positive test results, to SPSL@socccd.edu. HR will work with Payroll to reverse your own time off entries and provide you with SPSL. Please note: For timely processing, this form must be submitted to SPSL@socccd.edu no later than two weeks after your COVID related absence.

Eligibility: SB-114 provides COVID-19 Supplemental Paid Sick Leave for covered employees who are unable to work due to certain reasons related to COVID-19. The paid leave benefits are temporary and will be effective January 1, 2022 through September 30, 2022.

Dates for Leave: First date off work: _____ Last Date off Work: _____

Reminder: The above dates for leave must be reported in Workday prior to submitting this form and receiving SPSL.

Reasons for Leave:

Full Time employees may take up to 40 hours of SPSL (pro-rated for Part Time employees) if they are unable to work for any of the following reasons:

- R-1 You are subject to a federal, State, or local quarantine or isolation order related to COVID-19;
- R-2 You are advised by a health care provider to quarantine or isolate due to COVID-19;
- R-3 You are caring for a family member who is subject to a local, state or federal isolation or quarantine order;
- R-4 You or a family member are attending an appointment to receive the vaccine or booster;
- R-5 You are experiencing vaccine-related symptoms that prevent you from being able to work, or are caring for a family member who is experiencing vaccine related symptoms. Please note: the total COVID-19 supplemental paid sick leave is limited to 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;
- R-6 You are experiencing symptoms of COVID-19 and seeking medical diagnosis.
- R-7 You are caring for a child, whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

Employees may take up to an additional 40 hours of SPSL (pro-rated for Part Time employees) if the employee is unable to work for either of the following reasons:

- R-8 You tested positive for COVID-19 (**must submit evidence of positive test and submit to a second test after the fifth day from the first positive test and provide documentation of the test results**);
- R-9 Your family member tested positive for COVID-19 (**must provide documentation of the family members test results**).

By submitting this form to SPSL@socccd.edu in District Human Resources, I am electronically certifying that the above information is true and complete to the best of my knowledge.