

Cal Poly Pomona Foundation, Inc.
COVID-19 SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM

Name _____ Department _____

Email _____ Date of Hire _____ Job Title _____

Address during leave _____ Phone/Cell during leave _____

Employment Status: Full-Time Part-Time Student

TO BE COMPLETED BY EMPLOYEE

A full-time covered employee may take up to 40 hours of leave if the employee is unable to work or telework for any of the following reasons:

- Vaccine-Related:** The covered employee is attending a vaccine or booster appointment for themselves or a family member* or cannot work or telework because they have vaccine--related symptoms or are caring for a family member with vaccine-related symptoms. An employer may limit an employee to 24 hours or 3 days of leave for each vaccination or booster appointment and any consequent side effects, unless a health care provider verifies that more recovery time is needed.
- Caring for Yourself:** The employee is subject to quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer with jurisdiction over the workplace; has been advised by a healthcare provider to quarantine; or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- Caring for a Family Member*:** The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provider to quarantine due to COVID-19, or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

A full-time covered employee may take up to an additional 40 hours of leave if the employee is unable to work or telework for any of the following

- The covered employee tests positive for COVID-19
 - The covered employee is caring for a family member* who tested positive for COVID-19.
- * A family member includes a child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling

Part-time covered Employees: Part-time covered employees may take leave up to the amount of the hours they work over two weeks, with half of those hours available only when they or a family member* test positive for COVID-19.

Request for Dates of Supplemental Pay

Month	Dates Requested	Total Number of Eligible Hours (H.R. to complete)	Total Number of Hours Used Prior to Request (H.R. to complete)	Hours to Pay (Payroll to complete)	Hours to Reverse Vacation/Sick (Payroll to complete)	Total Number of Hours Remaining in Allotment (H.R. to complete)

*To the best of my knowledge and belief, I certify that the facts stated are accurate. I understand I may be asked to substantiate the reason for the leave in accordance with the federal or state law and/or current Foundation Policies. **I understand that dishonesty is grounds for discipline up to and including termination of employment.***

Employee Name: _____ Signature: _____ Date: _____

Leave time is paid at the employee's regular rate of pay and average of hours worked.

HR Processed Date: _____ Signature: _____

Payroll Processed Date: _____ Signature: _____