



SAN DIEGO COMMUNITY COLLEGE DISTRICT

CITY COLLEGE • MESA COLLEGE • MIRAMAR COLLEGE • COLLEGE OF CONTINUING EDUCATION

Employee Name: _____ Employee ID#: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Campus: _____ Supervisor/Manager: _____

I am unable to work/work remotely because of the following COVID-19 qualifying reason:

- 1)** I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guideline of the state Department of Public Health, the federal Centers for Disease Control and Prevention (CDC), or a local health officer with jurisdiction over the workplace
- 2)** I have been advised by a health care provider to self-quarantine related to COVID-19
Name of Healthcare Provider: _____
- 3)** I am experiencing symptoms related to a COVID-19 vaccine that prevents me from being able to work or telework (Only select if symptoms persist and you were absent from work for more than 8 hours)
- 4)** I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
- 5)** I am caring for a family member who is subject to a quarantine or isolation order related to COVID-19
Name of Individual: _____
Relationship: _____
Name of Healthcare Provider: _____
- 6)** I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
Name of School/Place of Care: _____
 I certify that there is no other suitable person available to care for my child during the period of requested leave

Dates Requested for COVID-19 Related Leave: Start Date: _____ End Date: _____

I am requesting intermittent leave

Normal Weekly Schedule:

Day	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Hours							

Employee Signature: _____ Date: _____

Paid Leave Information

California Supplemental Paid Sick Leave (SPSL) provided by Senate Bill 95: Retroactive to January 1, 2021 and will be in effect through September 30, 2021.

All employees are eligible for:

- Up to 80 hours, or a part-time employee's two-week equivalent of COVID-19 supplemental paid sick leave

Additional Information

- Any leave taken in 2021 for reasons related to COVID-19 will be counted towards your 80-hour California Supplemental Paid Sick Leave (SPSL) allotment. This includes leave taken under the Family's First Coronavirus Response Act (FFCRA).
- Upon approval of California's Supplemental Paid Sick Leave (SPSL), you will be asked to provide written documentation to support your request for leave.
- Depending on your reason for leave, you may be eligible for additional unpaid leave under the Family Medical Leave Act (FMLA).
- Under Senate Bill 95, family member means any of the following:
 - 1) A child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.
 - 2) A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
 - 3) A spouse.
 - 4) A registered domestic partner.
 - 5) A grandparent.
 - 6) A grandchild.
 - 7) A sibling.

To be completed by the employee and returned to: Human Resources, Employee Services

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