

REQUEST FOR COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)

Senate Bill 114 (Chapter 4)
Represented Employees

Employee Name:		Employee ID:	
Job Title:		Division/Department:	
Classification:	CBID:	Full-Time: <input type="checkbox"/> Part-Time: <input type="checkbox"/>	Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/>
Supervisor Name:		Supervisor email/Ext.	
Date Requested:		Date of Requested Extension (if applicable):	

To access this program, employees must complete and submit the signed request form to the [HR Medical Related Supporting Docs](#) Dropbox prior to the start of SPSL. However, if time does not permit, employees may verbally request SPSL form from their Appropriate Administrator and follow up with a completed form prior to their return to work.

Each eligible represented employee may request up to 80 hours of Supplemental Paid Sick Leave (SPSL) to be used between January 1, 2022, and December 31, 2022 or until such time meet and confers conclude. Unused SPSL has no value if an employee separates from CSU employment. Where leave usage restrictions apply, permissible reasons for leave are noted below.

PERMISSIBLE REASONS TO USE OF LEAVE	Qualifying Reasons to Use of up to 40 hours (5 days) Supplemental Paid Sick Leave (SPSL)
	I am subject to a quarantine or isolation period related to COVID-19 as defined by federal, state, or local orders or guidelines.
	I am advised by a health care provider to isolate or quarantine due to concerns related to COVID-19.
	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 the employee from being able to work. [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	Qualifying Reason to Use of 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.]. HR CONFIRMED on: _____ BY: _____

SIGNED AND AGREED BY:

To the best of my knowledge and belief, I certify that the facts stated within are accurate and in full compliance with SPSL requirements. I understand I must substantiate the reason for the leave in accordance with SPSL pursuant to SB 114, CSU policy and/or MOU.

Employee Name: _____ Signature: _____ Date: _____

Request for Dates of SPSL

Month	Dates Requested (Additional detail may be attached to this form. Exempt employees must use time in full day increments if not covered under FML.)	Total Number of Hours Requested	Total Number of Hours Used Prior to this Request	Total Number of Hours Remaining in Allotment
Total Hours				

CAMPUS APPROVAL

Appropriate Administrator: Request Approved Request Denied

Upon denial, appropriate administrator must document how the request would adversely affect the delivery of essential university services. Please note, this information will be shared with the requesting employee.

Reason for Denial: _____

Appropriate Administrator Name: _____ Signature: _____ Date: _____

Human Resources Designee Name: _____ Signature: _____ Date: _____

Employees must complete and submit the signed request form to the COVID Related Leave Dropbox to obtain testing confirmation and HR Designee Signature prior to the start of SPSL.

Full Time Employees

Employees receive 80 hours if they are full-time with a time base of 1.0 (FTE) or, on average, they worked or were scheduled to work at least 40 hours per week in the two weeks preceding the date they took leave.

- Exempt Employees – Under the Fair Labor Standards Act (FLSA), exempt employees must use paid leave in full day increments unless the leave is designated under qualified medical and family reasons covered by CSU Family and Medical Leave (FML).
- Non-Exempt Employees - Under the Fair Labor Standards Act (FLSA), non-exempt employees may use time in less than full day increments.

Less than Full Time Employees

The number of hours (or days, if exempt) for employees who work less than full-time shall be prorated according to the percent or time base of the appointment (hours normally scheduled to work). In the case of an employee whose schedule varies from week to week to such an extent that the campus is unable to determine with certainty the number of hours the employee would have worked if such employee had not taken leave, the campus shall use the following in place of such number:

If the normal hours scheduled are unknown, or if the part-time employee’s schedule varies, campuses may use a six-month average to calculate the average daily hours. If this calculation cannot be made because the employee has not been employed for at least six months, use the number of hours that the employee is expected to work.

Submit fully signed SPSL form to:
[HR-Medical Related Supporting Document Secure Dropbox](#) or Benefits Services (WH 205)

**Request for Dates of COVID-19 Supplemental Paid Sick Leave (SPSL) Detail by Month
 (Enter Hours Below)**

Month: _____				Pay Period _____		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

Month: _____				Pay Period _____		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

Month: _____				Pay Period _____		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

Month: _____				Pay Period _____		
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