

# COVID-19 Supplemental Paid Sick Leave Request

Dear **[employer]** \_\_\_\_\_ ,

I am requesting 2021 COVID-19 Supplemental Paid Sick Leave from **[date]** \_\_\_\_\_ to **[date]** \_\_\_\_\_ .

I need paid sick leave because (circle one):

- I am subject to a quarantine or isolation period or have been exposed and am following the guidance of California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer
- I have COVID-19 symptoms and am seeking a diagnosis
- I am getting a COVID-19 vaccine
- I am recovering from a COVID-19 vaccine
- I need to care for a family member who is ill with or exposed to COVID-19
- I need to care for my child because their normal care is unavailable because of COVID-19 on site.

Please let me know if you have questions.

I can be reached at **[phone number or email]** \_\_\_\_\_ .

Thank you,

**[name]** \_\_\_\_\_

# Prior COVID-19 Supplemental Paid Sick Leave Request

Use this letter if you already took unpaid time off in 2021 for a COVID-19 related reason.

Dear **[employer]** \_\_\_\_\_ ,

I am requesting 2021 COVID-19 Supplemental Paid Sick Leave from **[date]** \_\_\_\_\_ to **[date]** \_\_\_\_\_ .

I need paid sick leave because (circle one):

- I was subject to a quarantine or isolation period or was exposed and following the guidance of California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer
- I had COVID-19 symptoms and was seeking a diagnosis
- I received a COVID-19 vaccine
- I was recovering from a COVID-19 vaccine
- I needed to care for a family member who was ill with or exposed to COVID-19
- I needed to care for my child because their normal care was unavailable because of COVID-19 on site.

Please let me know if you have questions.

I can be reached at **[phone number or email]** \_\_\_\_\_ .

Thank you,

**[name]** \_\_\_\_\_

Leave under COVID-19 Supplemental Paid Sick Leave is available through the end of September 2021.