2022 COVID-19 Supplemental Paid Sick Leave Request

Dear [employer] ______________________ ,

I am requesting 2022 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 tested positive for COVID-19. I request to use my 2022 SPSL reserved for illness.
• I am getting a COVID-19 vaccine/booster
• I am recovering from a COVID-19 vaccine/booster
• 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.
• I need to care for a family member who tested positive for COVID-19. I request to use my 2022 SPSL reserved for illness.
• I need to care for a family member who is getting a COVID-19 vaccine/booster.
• I need to care for a family member who is recovering from a COVID-19 vaccine/booster.

Please let me know if you have questions. I can be reached at [phone number or email] ________________.

Thank you,

[name] ______________________________