



# 2022 AB84 COVID Leave Request Form (2022 AB84 SPSL)

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
 Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Date(s) of Leave: \_\_\_\_\_ Number of Days: \_\_\_\_\_  
 Total Number of Hours used: \_\_\_\_\_ Dept Log verification: \_\_\_\_\_

### TYPE OF LEAVE REQUESTED

**A covered employee may take leave if the employee is unable to work or telework for any of the following reasons:**

**1. CARING FOR YOURSELF:**

- Employee is subject to quarantine or isolation period related to COVID as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health office with jurisdiction over the workplace.
- Employee has been advised by a healthcare provider to isolate or quarantine due to COVID.
- Employee is experiencing symptoms of COVID and seeking medical diagnosis.

**2. VACCINE-RELATED:**

- The covered employee is attending an appointment for themselves or a family member to receive a vaccine or a vaccine booster for protection against COVID subject to certain limitations
- The employee is experiencing symptoms, or caring for a family member experiencing symptoms, related to COVID vaccine or vaccine booster that prevents the employee from being able to work or telework.

**3. CARING FOR A FAMILY MEMBER:**

- Employee is caring for a family member who is subject to an order or guidance or who has been advised to isolate or quarantine due to COVID.

**4. CARING FOR A CHILD:**

- Employee is caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID on the premises.

**5. REQUEST CREDIT TO LEAVE BANK: (up to 40 hours – Part-time employees hours vary)**

- Employee took leave for one of the reasons identified above between January 1, 2022 and February 19, 2022 and is requesting a credit.

**6. POSITIVE TEST RESULT: (up to an additional 40 hours – Part-time employees hours vary)**

- Employee or a family member for whom employee is providing care, tests positive for COVID (submit positive test result documentation)

**Submit any of the following required forms to support leave of absence & credit request**

- \_\_\_ Close Contact Notice
- \_\_\_ Healthcare Provider certification
- \_\_\_ Positive test result or photo of at home kit test that shows the date it was administered.
- \_\_\_ Child’s school notification letter
- \_\_\_ Nurse notification letter/email

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Use Only: Verified/Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

Leave is not approved until Human Resources has notified you that your request has been approved. Leave taken under Assembly Bill 84 will not be taken from employee accruals and is subject to limits set forth by the State of California Department of Industrial Relations.