



**CITY OF STOCKTON**  
**2021 SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM**

Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Department: \_\_\_\_\_

**TYPE OF LEAVE REQUESTED**

Date(s) of Leave: \_\_\_\_\_

Duration of Leave: Number of Days: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

- 1. Caring for Yourself: The employee is subject to quarantine or isolation period related to COVID-19 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 officer with jurisdiction over the workplace, has been advised by a healthcare provider to quarantine, or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 2. Caring for a Family Member: The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provided to quarantine due to COVID-19.
- 3. Caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.
- 4. Vaccine-Related: The covered employee is attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.

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

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

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