

Employee Certification of Need for Supplemental Paid Sick Leave 2022 (AB 152)

I, _____, certify that I am unable to work (or telework) the following reasons:

(Subject to up to 40 hours of paid sick leave effective January 1, 2022 through June 30, 2023 for the following reasons, or up to 80 hours if the eligible employee or family member tests positive for COVID-19):

- I am subject to quarantine or isolation related to COVID-19
- I am attending an appointment to receive a COVID-19 vaccine or a vaccine booster
- I am experiencing symptoms related to a COVID-19 vaccine or a vaccine booster
- I am experiencing COVID-19 symptoms, and am seeking a medical diagnosis
- I am caring for a family member who is subject to quarantine or isolation related to COVID-19
- I am caring for a child whose school or place of care is closed due to COVID-19
- I am attending appointment to receive a COVID-19 vaccine or a vaccine booster for a family member
- I am caring for a family member who has symptoms from a COVID-19 vaccine or a vaccine booster

1. I request to take this leave from: _____ to _____ for a total of _____ hours.
(beginning date) (ending date)
2. I understand that these leave dates and hours must be consistent with those reported on my absence report(s).
3. Further, I understand that if my circumstances or symptoms change, I must immediately inform my supervisor and Employee Benefits and I may be directed to report back to work (or telework).

Please submit completed form as an attachment to your absence report in Employee Self-Service (ESS).

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|-----------------------------|-----------------|
| _____ Employee Name | _____ EMPLID |
| _____ Employee Signature | _____ Date |