



COVID-19 Supplemental Paid Sick Leave (CPSL) Request
(January 1, 2022 through September 30, 2022)

Employee Name _____ Job Title/Work Location _____
Phone Number: _____ Email: _____
Date of Leave: _____ to _____ Number of Hours: _____

Select all that apply:

- Employee is subject to a quarantine or isolation period related to COVID-19 as defined by federal, state, or local orders or guidance.
Employee is advised by a health care provider to self-quarantine or isolate due to concerns related to COVID-19.
Employee or family member* is attending an appointment to receive a COVID-19 vaccine or booster
Employee or family member* is experiencing symptoms related to vaccine or booster that prevent the employee from being able to work or telework.
Employee is experiencing COVID-19 symptoms and seeking a medical diagnosis.
Employee is caring for a family member* who is subject to a quarantine or isolation order or guidance or who has been advised to self-quarantine or isolate by a health care provider due to concerns related to COVID-19.
Employee is caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.
Employee tested positive, or is caring for a family member* who tested positive for COVID-19. Attach documentation of positive test results.

*A family member includes a child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling

My signature below assures that I meet the criteria listed above and qualify for CPSL. I am providing the attached document(s): _____

Signature _____ Date _____

For HR use only below this line

Employee Name: _____ Title/Site: _____

Eligible for _____ hours [] Not eligible/reason _____

Eligibility verified by: _____ Date: _____

Notes: _____

Approved by: _____ Date: _____