ALHAMBRA UNIFIED SCHOOL DISTRICT

Human Resources Department

AB 152 – Supplemental Paid Sick Leave (SPSL)
LEAVE OF ABSENCE REQUEST FORM

SB 114 was approved to retroactively be effective January 1, 2022 to provide up to 80 hours of Supplemental Paid Sick Leave (SPSL) to eligible employees. AB 152 extends this leave through December 31, 2022. Part-time staff are entitled to the number of hours they would usually work each week. To request leave under this provision, please submit this form to the Office of Human Resources via email to:

Classified: gomez_sandra_y@ausd.us
Certificated and Management: fernandez_lisa@ausd.us

Employee Name: ________________________________ ❑ Certificated ❑ Classified ❑ Management

Job Title: ______________________________________ Site/Department: __________________________________

Home/Cell Phone: _________________________________ Email: ____

Please select from the following reasons why you are unable to report to work due to COVID-19 pandemic.

❑ I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the CDC, or a local health officer with jurisdiction over the workplace. *With documentation of a quarantine order, you are eligible (prorated for part time employees).*

❑ I have been advised to self-quarantine by my supervisor or health provider due to concerns related to COVID-19. *With documentation, you are eligible (prorated for part time employees).*

❑ I attended an appointment to receive an appointment to receive a vaccine, or Booster, for protection against contracting COVID-19. *With documentation, you are eligible.*

❑ I have experienced symptoms related to the COVID-19 vaccine that prevent me from working. *(If symptoms persist after two days, a medical note will be required to affirm the reaction and clearance in order to return to work.)*

❑ I am experiencing symptoms of COVID-19 and I am currently seeking a medical diagnosis. *You may be eligible for additional paid sick leave (prorated for part time employees).*

❑ I am **caring for** a family member who has been subject to self-quarantine or isolation orders, or guidelines, or who has been advised to self-quarantine by a health provider. *With documentation including verification of family member's orders.*

❑ I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19. *With documentation statement including: 1) Name/age of child, 2) Name of closed school/District, 3) Statement on the fact that no other suitable individual is available to care for your child(ren).*

Employees will be paid at their regular rate while taking SPSL, capped at $511 per day.

Please attach available documentation. If necessary, please attach rationale or comments.
My signature below signifies that I have referred to, understand, and will follow the guidelines established by SB 114 and the respective collective bargaining agreement leave provisions. **This leave is temporary and is valid through December 31, 2022.**

Date of Leave starting:______________________ Date of Leave ending:__________________

Employee's Signature:____Date: ___________________

^^OFFICE USE ONLY^^^

________________________________ ____________________ ❑ **Approved** ❑ **Denied**

John Scanlan (or designee) Date
Assistant Superintendent - Human Resources

Copied / routed to: Personnel File, Payroll

Updated:9/30/2022