

SECTION TWO: REQUEST FOR PAID SICK LEAVE

I am requesting paid sick leave to begin on _____, 2020
month day

I expect to use paid sick leave until _____, 2020
month day

I am requesting paid sick leave because I am unable to work or telework because of the following reason:

I am subject to the California Stay-at-Home Order due to being age 65 or older.

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is

_____ (print full name)

I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

District-paid compensation for the three leave reasons above is limited to a cap of \$511 per day and \$5,110 in the aggregate.

My daily full regular rate of pay exceeds \$511 and I elect to use my own illness days and/or vacation days (if applicable) to increase my compensation up to my full regular rate of pay if my quota balance is sufficient.

Indicate the type of quota you elect to use on the line below. If a combination of quota is to be used, indicate the order in which you choose for the quota to be deducted.
