



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6416 · [www.arusd.org](http://www.arusd.org)

## 2021 CA COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SB 95)

Please complete the following information and submit to Human Resources Division  
[Human.resources.divison@arusd.org](mailto:Human.resources.divison@arusd.org)

Employee ID# \_\_\_\_\_ Employee Name: \_\_\_\_\_  
*Last Name First Name Middle*

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Classification: \_\_\_\_\_ Location: \_\_\_\_\_

Hours: \_\_\_\_\_  
*Reg. Hrs. Per Day*

1. Are you able to telecommute? Yes No  
If no, why not? \_\_\_\_\_
2. Do you face any challenges to telecommuting? Yes No  
Explain: \_\_\_\_\_
3. What dates are you requesting for SB 95 SPSL? \_\_\_\_\_

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SB 95 SPSL provides full-time employees up to 80 hours of paid sick leave due to COVID-19 related reasons for either yourself or to care for a family member. Part-time employees are eligible for the number of hours of leave that the employee works on average over a two-week period. SB 95 SPSL is retroactive back to January 1, 2021 and available through September 30, 2021.

I'm requesting SB 95 SPSL (supplemental paid sick leave) for up to two weeks (up to 80 hours) relating to *my own condition* because:

I have been subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

- When did the quarantine or isolation order begin? \_\_\_\_\_
- Who gave you the order for quarantine or isolation? \_\_\_\_\_

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

- When did your self-quarantine begin? \_\_\_\_\_

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

- When will you meet with a medical provider for diagnosis? \_\_\_\_\_

**Employee wages for this leave are capped at \$511 per day and \$5,110 in the aggregate.**

I'm requesting SB 95 SPSL (supplemental paid sick leave) for up to two weeks (up to 80 hours) as a *caregiver based on*:

I am caring for a family member subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

- Relationship to family member: \_\_\_\_\_
- When did the quarantine or isolation order begin? \_\_\_\_\_
- Who gave you the order for quarantine or isolation? \_\_\_\_\_

I am caring for a family member who has been advised by a health care provider to self-quarantine related to COVID-19.

- When did the self-quarantine begin? \_\_\_\_\_

I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 **on the premises.**

- Date(s) you are requesting: \_\_\_\_\_
- Child's Name: \_\_\_\_\_
- Name of child's school or place of care: \_\_\_\_\_

**Employee wages for this leave are capped at \$511 per day and \$5,110 in the aggregate.**

I'm requesting SB 95 SPSL (supplemental paid sick leave) for up to two weeks (up to 80 hours) related to COVID-19 vaccine:

Attending an appointment to receive a COVID-19 vaccine.

- Appointment Date: \_\_\_\_\_

Experiencing symptoms related to a COVID-19 vaccine that prevents me from being able to work or telework.

- Date(s) you were experiencing symptoms and unable to work or telework:

\_\_\_\_\_

**Employee wages for this leave are capped at \$511 per day and \$5,110 in the aggregate.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR HUMAN RESOURCES ONLY**

Approved:

Denied:

\_\_\_\_\_  
Director, Human Resources

\_\_\_\_\_  
Date