



# Temple City Unified School District COVID SICK LEAVE ABSENCE REQUEST

Effective Date January 1, 2022

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Beginning date of leave: (month/day/year) \_\_\_\_\_

Position: \_\_\_\_\_ Ending date: (month/day/year) \_\_\_\_\_

EID: \_\_\_\_\_ Date to return to work: (month/day/year) \_\_\_\_\_

Work Site: \_\_\_\_\_ Department: \_\_\_\_\_

Phone #: \_\_\_\_\_

Certificated       Classified      Personal email address \_\_\_\_\_

## QUALIFYING REASONS FOR COVID LEAVE (SEE BACK OF FORM FOR DETAILED INFORMATION)

- Vaccine-Related
- Caring for Yourself
- Caring for a Family Member\*

## ADDITIONAL INFORMATION REQUIRED FROM EMPLOYEE

COVID leave balance \_\_\_\_\_  
 Verified with Business Department on (date) \_\_\_\_\_  
 Yvonne Wong (classified) [ywong@tcusd.net](mailto:ywong@tcusd.net)  
 Lisa Sayphraraj (certificated) [lsayphraraj@tcusd.net](mailto:lsayphraraj@tcusd.net)

COVID-19 documentation attached (i.e., test results, doctor's notes, vaccine appointment verification) If leave was approved by Director of Risk Management, please attach documentation.

\_\_\_\_\_  
 Employee's Signature      Date      Supervisor's Signature      Date

To be completed by Assistant Superintendent, Human Resource Services	
<input type="checkbox"/> Leave Approved	<input type="checkbox"/> Leave Not Approved
<b>Comments:</b>	
Date	Assistant Superintendent Signature

Board Approval Date: \_\_\_\_\_ Human Resources: \_\_\_\_\_ HRS input date: \_\_\_\_\_  
 Distribution:      \_\_\_\_\_ Payroll      \_\_\_\_\_ Site      \_\_\_\_\_ Employee      \_\_\_\_\_ Benefits

**As it pertains to SB 114, a covered employee may take up to 40 hours of leave *if the employee is unable to work or telework for any of the following reasons:***

- **Vaccine-Related:** The covered employee is attending a vaccine or booster appointment for themselves or a family member\* or cannot work or telework because they have vaccine-related symptoms or are caring for a family member with vaccine-related symptoms. An employer may limit an employee to 24 hours or 3 days of leave for each vaccination or booster appointment and any consequent side effects, unless a health care provider verifies that more recovery time is needed.
- **Caring for Yourself:** The employee is subject to quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer with jurisdiction over the workplace; has been advised by a healthcare provider to quarantine; or is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- **Caring for a Family Member\*:** The covered employee is caring for a family member who is subject to a COVID-19 quarantine or isolation period or has been advised by a healthcare provider to quarantine due to COVID-19 or is caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

**A covered employee may take up to an additional 40 hours of leave *if the employee is unable to work or telework for either of the following reasons:***

- The covered employee tests positive for COVID-19.
- The covered employee is caring for a family member\* who tested positive for COVID-19.

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