



**NORWALK-LA MIRADA UNIFIED SCHOOL DISTRICT  
REQUEST FOR LEAVE OF ABSENCE  
COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)**

Emp #: \_\_\_\_\_ Name: \_\_\_\_\_  Certificated  Classified

Job Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Full Address While on Leave of Absence: \_\_\_\_\_

Best Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby request the following Leave of Absence beginning: \_\_\_\_\_ to: \_\_\_\_\_

COVID-19 Supplemental Paid Sick Leave (SPSL) provides full-time employees with 80 hours of paid sick leave (exclusive of your accrued leave and prorated for part-time employees) for COVID-19 related reasons. SPSL is retroactive and can be utilized for sick leave taken from January 1, 2021 through September 30, 2021. Complete this form to request a Leave of Absence and email to your respective Human Resources Specialist. To see the list of Human Resources Specialist and the sites they oversee, please visit the Human Resources section of the District website ([www.nlmusd.org/hr/](http://www.nlmusd.org/hr/)) and click on "Contacts/Responsibilities."

**COVID-19 SUPPLEMENTAL PAID SICK LEAVE (SPSL)**

**Caring for Yourself:**

- I am subject to quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer with jurisdiction over the workplace. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)
- I have been advised by a healthcare provider to quarantine. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)

**Caring for Family Member:**

- I am caring for a family member who is subject to a COVID-19 quarantine or isolation period. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)
- I am caring for a family member who has been advised by a healthcare provider to quarantine due to COVID-19. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)
- I am caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)

Name of School and/or Child Care Program closed due to COVID-19: \_\_\_\_\_

**Vaccine Related:**

- I am attending a vaccine appointment. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)
- I cannot work or telework due to vaccine-related symptoms. (Up to a maximum of \$511 per day or \$5,110 in the aggregate)

- This request will require intermittent leave. (Attach a letter indicating the reason for requesting intermittent leave and the specific dates.)
- I wish to supplement my pay from my accrued leaves available to me in order to receive full pay. Please note: A District Payroll representative will contact you. (Only for employees who exceed \$511 per day and \$5,110 in the aggregate)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**

Approved  Denied Comments: \_\_\_\_\_

HR Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_