

Workers who took COVID-19 related leave in 2021 can use this form to request retroactive Supplemental Paid Sick Leave (SPSL) under California Labor Code 248.2. Use of this form is not required: employers must provide SPSL upon eligible employee's oral request.

California Rural Legal Assistance, Inc.



For all office locations, visit
www.crla.org/office-listing
or call 1-800-337-0690

This form is not legal or tax advice.

**Request for Paid Sick Leave—RETROACTIVE
California Supplemental Paid Sick Leave in 2021 (SB 95 – Labor Code 248.2)**

Date / Fecha : _____

To / Para: _____ (Employer or Hiring Entity / Empleador u Organización Contratista)

Employee Name / Nombre del Empleado: _____

- 1. From ___ to ___ (dates) I was unable to work due to one or more of the following** (check all that apply):
 - I was subject to a state or local quarantine or isolation order related to COVID-19.
 - I was advised by a health care provider to self-quarantine or self-isolate (health care provider certification is NOT required).
 - I was experiencing COVID-19 symptoms and seeking a diagnosis.
 - I was caring for a family member who is under quarantine due to COVID-19.
 - I was caring for a child whose school or childcare provider is unavailable due to COVID-19.
 - I was attending an appointment to receive a COVID-19 vaccine.
 - I was experiencing symptoms associated with the COVID-19 vaccine.
- 2. My employer has more than 25 employees.**
- 3. The total number of COVID-19 Supplemental Paid Sick Leave hours I am entitled to is as follows** (check one):
 - I am a full-time employee, or I was scheduled to work at least 40 hours per week in the two weeks preceding my absence. **I am entitled to 80 hours of COVID-19 Supplemental Paid Sick Leave.**
 - I am a part-time employee with a consistent weekly schedule. **I am entitled to the total number of hours I am normally scheduled to work in a two-week period: _____ hours.**
 - I am a part-time employee with a variable schedule. **I am entitled to two weeks of paid sick leave based on my average daily hours over the past six months: _____ hours.**

Therefore, I request _____ days of COVID-19 Supplemental Paid Sick Leave under California Labor Code section 248.2, plus any additional days that I am unable to work up to the total hours described above. Under Labor Code 248.2, I am entitled to retroactive payment of the hours I am owed no later than 3/29/21.

Employee Signature / Firma del Empleado

Under California's 2021 COVID-19 Supplemental Paid Sick Leave Laws, effective 3/29/2021, employers with more than 25 workers are required to provide up to two weeks of fully paid sick leave to employees who are unable to work due to any of the COVID-related reasons described above. The obligation to provide COVID-19 Supplemental Paid Sick Leave is retroactive to January 1, 2021: employers must compensate any eligible employees for leave taken between January 1 and 3/29/2021 no later than 10 days after 3/29/2021. Employees who took COVID-19 related paid sick leave in 2020 are still entitled to an additional two weeks of COVID-19 Supplemental Paid Sick Leave in 2021. Employers are prohibited from requiring workers to exhaust their California Paid Sick Days or other accrued leave prior to taking COVID-19 Supplemental Paid Sick Leave. For more information, see Labor Code § 248.2.

It is against the law to retaliate against an employee for taking or requesting paid sick leave.