

**REQUEST FOR RETRO-ACTIVE COVID-19 SUPPLEMENTAL SICK LEAVE
TAKEN 1/1/21 THROUGH 9/30/21**

Return Completed Form To: hr@oxy.edu

Employee Name: _____

OXY ID#: _____ **Date:** _____

Department: _____ **Supervisor:** _____

Oxy Phone Number or Email: _____

Dates of Missed Work Shift Due to Eligible COVID-19 Reason (*as defined by SB 95 legislation)	Number of Hours	Method of Payment For Retro-active Hrs (SICK, VAC, or UNPAID)

*Under the new SB 95 legislation, a covered employee may take supplemental paid sick leave if the employee is unable to work or telework during the period January 1, 2021 through September 30, 2021 for any of the following reasons:

Caring for Yourself: The employee is 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, 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.

Vaccine-Related: The covered employee is attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.

You can view more details regarding the new SB 95 legislation at:
<https://www.oxy.edu/sites/default/files/assets/2021-covid-19-supplemental-paid-sick-leave.pdf>

I acknowledge that the information provided above is correct and meets one or more of the eligibility requirements for utilization of the COVID-19 Supplemental Sick Leave (as defined by SB 95 legislation):

Employee Signature

Supervisor Signature