

**REQUEST FOR RETRO-ACTIVE COVID-19 SUPPLEMENTAL SICK LEAVE  
TAKEN 1/1/22 THROUGH 2/19/22**

**Return Completed Form To: [hr@oxy.edu](mailto:hr@oxy.edu)**

**Employee Name:** \_\_\_\_\_

**OXY ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Oxy Phone Number or Email:** \_\_\_\_\_

<b>Dates of Missed Work Shift Due to Eligible COVID-19 Reason (*as defined by SB 114 legislation)</b>	<b>Number of Hours</b>	<b>Payroll Code: (CS1 or CS2)</b>	<b>Method of Payment For Retro-active Hrs (SICK, VAC, or UNPAID)</b>

\*Under the new SB 114 legislation, a covered employee may take supplemental paid sick leave if the employee is unable to work or telework during the period January 1, 2022 through September 30, 2022 for any of the following reasons:

**The "up to" 80 total hours are broken up into 2 separate qualifying groups of up to 40 hours each:**

1. **(CS1):** One 40 hour "bank" gives employees up to 40 hours supplemental paid leave to:

- Recover from Covid-19, or
- Care for a family member sick from Covid-19, or
- Attend a Covid-19 vaccination appointment, or
- Recover from Covid-19 immunization, or
- Take care of a child who cannot attend school because of virus related closures or quarantines
- *For purposes of SPSL, "family member" means parent, child, spouse, registered domestic partner, grandparent, grandchild, and sibling.*

2. **(CS2):** The other 40 hour bank is limited to:

- Recover from Covid-19, or
- Care for a family member sick from Covid-19.

Part time workers are entitled to paid leave under the law but the available hours are based on the number they were regularly scheduled to work in a week. (For example, a part time employee working 20 hrs./week, is entitled to a total of 40 hrs., 20 hrs. in each "bank" group.)

You can view more details regarding the new SB 114 legislation at:

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220SB114](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220SB114)

**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 114 legislation):**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Supervisor Signature**