

UEI COVID-19 Supplemental Paid Sick Leave Request Form

To request supplemental paid sick leave as provided under California SB 95 or any applicable local ordinance, please fill out the forms below and submit to uei-hr@csus.edu.

Employee Name (print clearly): _____ UEI ID: _____

Phone #: _____ Email Address: _____

Requested Leave Start Date: _____ Anticipated End Date: _____

Full time employees are eligible for up to 80.0 hours of SPSL . Part time employees are eligible for a prorated amount of SPSL based on prior hours worked. UEI Payroll will calculate the available SPSL amount when a request is received.

Agency/Department: _____

Supervisor Name: _____ Phone #: _____ ext. _____

Supervisor Email: _____

Supervisor Signature: _____ Date: _____

I attest that the above information is accurate and complete including that I am unable to work or telework. I understand falsification of any information given may lead to disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

Please continue to fill out page 2 with request reason information.

UEI COVID-19 Supplemental Paid Sick Leave Request Form

Employee Name (print clearly): _____ UEI ID: _____

I am requesting this supplemental paid sick leave due to my inability to work (or telework) because (check the appropriate reason(s) below):

- 1) I am experiencing symptoms of COVID–19 and seeking a medical diagnosis. **Additional form required.***
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19. **Additional form required.***
- 3) I am subject to a federal, state, or local quarantine or isolation order related to COVID–19.
- 4) I am attending an appointment to receive a vaccine for protection against contracting COVID-19.
- 5) I am experiencing symptoms related to a COVID-19 vaccine.
- 6) I am caring for an individual who is subject to either number 1 or 2 above.
- 7) I am caring for my minor child, whose school place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

*If you selected reason 1 or 2 above, please click the following link to complete a **UEI COVID-19 Intake Form** to provide UEI with related information: <https://www.enterprises.csus.edu/uei-human-resources-covid-19-intake-form/>

*If you selected reason 1 or 2 above, and you are working on the Sacramento State campus or you are a student attending Sacramento State, please click the following link to also notify the Student Health Center: <https://sacstateshcs.wufoo.com/forms/covid19-illnessexposure-report/>

I attest that the above information is accurate and complete including that I am unable to work or telework. I understand falsification of any information given may lead to disciplinary action up to and including termination of employment.

Employee Signature: _____ Date: _____

If you have any questions, please contact UEI Human Resources at (916) 278-7003 or uei-hr@csus.edu.