



RIALTO UNIFIED SCHOOL DISTRICT

PERSONNEL SERVICES

COVID-19 Supplemental Paid Sick Leave

You may be approved to use COVID-19 Supplemental Paid Sick Leave if you are unable to work or telework for specified reasons related to COVID-19. These provisions will apply from January 1, 2021 through September 30, 2021.

Employee Name:		Phone:
Work site:	Job Title:	Work Hours:
First day off work:	Last day off work:	

Qualifying Reason for Leave (10 days maximum): (employee will be paid their regular rate of pay, up to \$511/day)**

- 1. You were advised by a health care provider to self-quarantine related to COVID-19.
- 2. You are experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 3. You are attending a vaccine appointment or cannot work or telework due to vaccine-related symptoms.
- 4. You are 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. ("Individual" means the employee's immediate family member, a person who regularly resides in the employee's home.)

(For reasons 1,2,3,4) Employee must submit quarantine order/test results/vaccination proof to be approved to use COVID-19 Supplemental Paid Sick Leave.

Employee's Signature: _____ Date: _____

- 5. You are caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.
Name of child/children: _____ School/Place of Care: _____
School/Place of Care Phone Number: _____

I attest that no other suitable person will be caring for my child/children listed above during the period for which I am taking leave under COVID-19 Supplemental Paid Sick Leave.

Employee's Signature: _____ Date: _____

** I request to use my accrued, unused paid time off to supplement my pay under SPSL so that I can receive my normal full pay.

For Personnel use only below this line:

Qualifies - Dates approved: _____

Does Not Qualify

Eligibility Verified by: _____

Date: _____