San Diego Unified School District
Request for COVID Sick Leave
Leave of Absence Form

EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Employee ID #
Site/Department	Job Title	Substitute/Temporary ☐ Yes ☐ No	Employee's Phone #

COVID LEAVE (AS OUTLINED IN CA SENATE BILL 114)   Jan 1, 2022 through ~~Sept 30, 2022~~ *December 31, 2022.

You are required to submit supplemental documentation supporting your COVID leave request for some of the following reasons (Any supporting documentation required is identified in parenthesis after each reason description):

First Bank of Hours (Up to 40 hours total)

☐   Employee was subject to a quarantine or isolation period related to COVID-19

☐   Employee was experiencing symptoms of COVID-19 and is seeking a medical diagnosis

☐   Employee was caring for a family member who is subject to a quarantine or isolation period related to COVID-19

☐   Employee was caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises

☐   Employee or qualifying family member was attending a vaccine appointment or could not work due to vaccine related side effects (If reporting over 24 hours of leave due to this reason, you must provide a verification from a health care provider that yourself or your family member is continuing to experience symptoms due to a vaccination or booster shot)

Additional Bank of Hours (Up to an additional 40 hours total)

☐   Employee or a family member for whom they are providing care tested positive for COVID-19 (Must provide proof of positive test for yourself or family member)

Is all required documentation included with this request?   ☐ Yes   ☐ No

Use Time Reporting Codes **19C22** for certificated staff, and **19L22** for classified staff

From Date:_____ **To Date:**_____   **No. of Days:**_____   **No. of Hours:**_____

Employee's Signature: _____   **Date: _____**

Supervisor's Signature: _____   **Date: _____**

Form is retained by the site/department.   DO NOT SUBMIT TO HUMAN RESOURCES

For Site/Department Use Only:

☐ **Request Approved**

☐ **Request Denied- Employee has not provided the required documentation**

Supervisor Signature: _____   **Date: _____**