



City of Kingsburg
COVID-19 Related
Supplemental Sick Leave
Policies and Forms

Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor if you are requesting COVID-19 Supplemental Paid Sick Leave (“SPSL”).

You may also orally request SPSL from your supervisor(s) or by following the City of Kingsburg policies and procedures for requesting other sick leaves pursuant to the City’s Applicable Sick Leave Policy.

Employee Name: _____

Date of Request: _____

I am requesting SPSL because I am unable to work or telework for the following reason:

_____ I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. The government agency that has issued the quarantine or isolation order is: _____ (e.g., state, county, city).

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is: _____.

_____ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

_____ I am caring for a Family Member who is subject to a quarantine or isolation order or guidelines described above, or who has been advised to self-quarantine by a health care provider. The Family Member I am caring for is: _____ (state the relation to you of the Family Member you are caring for).

_____ I am caring for a Child whose school or place of care is closed *or* otherwise unavailable for reasons related to COVID-19 on the premises. The name of the school or place of care that is closed or otherwise unavailable is: _____.

_____ I am attending an appointment to receive a vaccine for protection against contracting COVID-19. My vaccination appointment is on: _____ (date) at _____ (time).

_____ I am experiencing symptoms related to a COVID-19 vaccine.

Cal/OSHA Emergency Temporary Standards (“COVID-19 Regulations”):

_____ I have been excluded from my employer’s workplace by the City of Kingsburg due to health concerns related to the potential transmission of COVID-19, including, but not limited to, my “close contact” with a known case of COVID-19 or as a result of a workplace COVID-19 outbreak at my workplace.

Expanded Emergency Paid Sick Leave (“EPSL”):

_____ I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 after I was exposed to COVID-19.

_____ I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 after the City of Kingsburg requested such test or diagnosis. I was prohibited from working on _____ (date) and instructed that I am not permitted to return to work until _____ (date).

I am requesting SPSL beginning on _____, 2021.

I expect to use SPSL until _____, 2021.

Employee Signature

For Human Resources Use Only:

Christina Windover, Administrative Services Director

Date Request Received by Human Resources: _____

Employee Request Form for Retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor if you are requesting COVID-19 Supplemental Paid Sick Leave (“SPSL”) retroactively for leave taken on or after January 1, 2021 and prior to April 21, 2021 when City Adopted a COVID-19 Supplemental Paid Sick Leave Policy.

You may also orally request retroactive SPSL payments from your supervisor(s).

Employee Name: _____

Date of Request: _____

I am requesting retroactive payments for SPSL because I was previously unable to work or telework for the following reason(s) on or after January 1, 2021 and prior to April 21, 2021 when City Adopted a COVID-19 Supplemental Paid Sick Leave Policy.

_____ I was subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. The government agency that issued the quarantine or isolation order was: _____ (e.g., state, county, city).

I am requesting payment for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care provider who advised me to self-quarantine due to concerns related to COVID-19 is: _____.

I am requesting payment for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was experiencing symptoms of COVID-19 and was seeking a medical diagnosis.

I am requesting payment for SPSL that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was caring for a Family Member who was subject to a quarantine or isolation order or guidelines described above, or who was advised to self-quarantine by a health care provider. The Family Member I was caring for is: _____ (state the relation to you of the Family Member you were caring for).

I am requesting payment for SPSL that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was caring for a Child whose school or place of care was closed *or* otherwise unavailable for reasons related to COVID-19 on the premises. The name of the school or place of care that was closed or otherwise unavailable is: _____.

I am requesting payment for SPSL that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was attending an appointment to receive a vaccine for protection against contracting COVID-19. My vaccination appointment was on: _____ (date) at _____ (time).

I am requesting payment for SPSL that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

_____ I was experiencing symptoms related to a COVID-19 vaccine that prevented me from being able to work or telework. I experienced these symptoms on _____ (date(s)).

I am requesting payment for SPSL that I took for this qualifying reason beginning on _____, 2021 and ending on _____, 2021.

The dates listed above must lie between January 1, 2021 and April 21, 2021. If the dates you are requesting SPSL is after April 21, 2021, please fill out the “Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave”.)

Employee Signature: _____

For Human Resources Use Only:

Christina Windover, Administrative Services Director

Date Request Received by Human Resources: _____

Employee Acknowledgement Form for Retroactive Request for COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor after the City of Kingsburg has provided you with a calculation of the number of hours of retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”) to which you are entitled based upon your request for such leave taken on or after January 1, 2021 and prior to **April 29, 2021**.

Employee Name: _____

Date of Request for Retroactive SPSL: _____

Single Qualifying Leave Period:

Fill out this section *only* if you requested retroactive payment for one continuous period. If you requested SPSL for multiple, non-continuous periods, do not fill out this section, but complete the following section of this form.

I requested SPSL retroactive payment for qualifying reasons that began on _____, 2021 and ended on _____, 2021.

Multiple Qualifying Leave Periods:

Fill out this section if you requested retroactive payment for multiple qualifying periods.

Fill out this section for as many qualifying periods as you are seeking retroactive payment.

I requested SPSL retroactive payment for qualifying reasons for the following dates (only fill in as many fields as applicable):

1. Qualifying reasons that began on _____, 2021 and ended on _____, 2021.

2. Qualifying reasons that began on _____, 2021 and ended on _____, 2021.

3. Qualifying reasons that began on _____, 2021 and ended on _____, 2021.

Qualifying reasons that began on _____, 2021 and ended on _____, 2021.

On _____ (Insert Date), the **City of Kingsburg** advised me that I was eligible for _____ (Insert Number of Hours) hours of retroactive SPSL, in response to my request for retroactive SPSL payments.

By signing this form, I hereby acknowledge that the number of hours listed above accurately reflects all of the time during which I was unable to work or telework between January 1, 2021 and April 21, 2021, for one of the qualifying reasons for SPSL, as listed in the City of Kingsburg's "Administrative Policy Concerning 'COVID-19 Supplemental Paid Sick Leave' under Labor Code § 248.2."

Once paid for such leave (if such the leave was unpaid) or reimbursed for other paid leaves used, I will hereby waive my right to seek further retroactive payments for unpaid SPSL on or after January 1, 2021 and on or before **April 21, 2021**.

If I have not exhausted my SPSL balance as a result of the above retroactive payment request, I understand that I may still qualify for SPSL in the future.

Date: _____

Employee Signature

For Human Resources Use Only:

Christina Windover, Administrative Services Director

Date Received by Human Resources: _____

Administrative Policy Concerning COVID-19 Supplemental Paid Sick Leave (“SPSL”) Under Labor Code Section 248.2

<https://www.dir.ca.gov/dlse/2021-COVID-19-Supplemental-Paid-Sick-Leave.pdf>

Preamble

On March 19, 2021, Governor Newsom signed Senate Bill (“SB”) 95 into law, codifying at Labor Code § 248.2 certain paid sick leave entitlements for employees who are unable to work or telework due to specifically enumerated qualifying reasons related to COVID-19 Supplemental Paid Sick Leave (“SPSL”). The City of Kingsburg adopted this policy in order to provide qualified employees the SPSL to which they are entitled and to otherwise comply with all relevant and applicable requirements provided under Labor Code § 248.2.

Statement of Policy

This policy is intended to provide all eligible and qualified City of Kingsburg employees with SPSL to which they are entitled under Labor Code § 248.2.

The following policy sets forth certain rights and obligations regarding this leave.

Compliance

The City of Kingsburg will fully and faithfully comply with Labor Code § 248.2 in its administration of this policy.

Definitions

“Child” means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands *in loco parentis*. This definition of a child is applicable regardless of age or dependency status.

“Covered Employee” means any City of Kingsburg employee who is unable to work or telework for the City of Kingsburg for one or more of the reasons related to COVID-19 as set forth in this policy.

“COVID-19 Supplemental Paid Sick Leave” or “SPSL” means paid sick leave pursuant to Labor Code § 248.2.

“Family Member” means any of the following:

- (i) A “child”, as defined above.
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- (ii) A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood *in loco parentis* when the employee was a minor child.
- (iii) A spouse.
- (iv) A registered domestic partner.
- (v) A grandparent.
- (vi) A grandchild.
- (vii) A sibling.

“Firefighter” means an active firefighter employed by any of the following:

- (i) A fire department of a city, county, city and county, district, or other public or

Policy

Scope of Coverage:

This policy will apply to all Covered Employees employed by the City of Kingsburg.

Effective Dates:

The policy is effective immediately upon adoption, and the paid leave benefits provided herein shall be retroactive to January 1, 2021.

SPSL benefits expire on September 30, 2021, except that the City of Kingsburg will provide a Covered Employee who is on SPSL at the time of the expiration of such benefits the full amount of SPSL to which the Covered Employee would otherwise be entitled.

Unless the underlying law is extended, this policy will expire by operation of the law on September 30, 2021, except that certain Covered Employees may continue to use SPSL after that date as described above.

Employees Eligible for SPSL:

All City of Kingsburg Covered Employees are eligible for SPSL if they are unable to work or telework for one or more of the enumerated reasons related to COVID-19 as set forth in this policy.

Qualifying Reasons for SPSL:

A Covered Employee qualifies for SPSL if they are unable to work or telework for one or more of the following reasons:



1. The employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace;¹

<https://www.dir.ca.gov/dlse/COVID19Resources/FAQ-for-SPSL-2021.html>, FAQ n. 6.)]

2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
4. The employee is caring for a Family Member who is subject to a quarantine or isolation order or guidelines described above, or who has been advised to self-quarantine by a health care provider;
5. If the employee is caring for a Child whose school or place of care is closed due to COVID-19. This qualifying reason also applies if the employee is caring for a Child whose school or place of care is otherwise unavailable for reasons related to COVID-19 on the premises;
6. The employee is attending an appointment to receive a vaccine for protection against contracting COVID-19; or
7. The employee is experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework.
8. Employees who are seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID–19 after such employee has been exposed to COVID–19 or the employee’s employer has requested such test or diagnosis.

Cal/OSHA Provision

9. *The employee is excluded from the workplace as a result of a “close contact” exposure, as defined by the Centers for Disease Control and Prevention (“CDC”), pursuant to Cal/OSHA’s COVID-19 emergency temporary regulations.*

¹ If an employee is subject to multiple applicable quarantine or self-isolation orders from the CDC, CDPH, or local health officers, “the covered employee shall be permitted to use COVID-19 supplemental paid sick leave for the minimum quarantine or isolation period under the order or guidelines that provides for the longest such minimum period.” (Labor Code § 248.2 (b)(1)(A).)

Amount of SPSL:

1. Leave taken as SPSL is in addition to any other statutory and/or contractual leave to which the employee is otherwise entitled, and which is not specific to COVID-19.
2. Full-time Covered Employees working 40 hours per week may take up to 80 hours of SPSL
3. Part-time Covered Employees are entitled to SPSL in the following amounts:
 - a. If the part-time Covered Employee has a normal weekly schedule, the total number of hours the Covered Employee is normally scheduled to work for the City of Kingsburg over two weeks; or
 - b. If the part-time Covered Employee works a variable number of hours, the Covered Employee is entitled to 14 times the average number of hours the Covered Employee worked each day for the City of Kingsburg in the six (6) months preceding the date the Covered Employee took SPSL. If the Covered Employee has worked for the City of Kingsburg over a period of fewer than six (6) months but more than 14 days, this calculation shall instead be made over the entire period the Covered Employee has worked for the City of Kingsburg.
4. Active duty Firefighters who are scheduled to work more than 80 hours in the two weeks preceding the date upon which the employee took SPSL, are entitled to SPSL equal to the total number of hours that the firefighter was scheduled to work in the preceding two weeks.

Covered Employees may determine how many hours of SPSL to use based upon a qualifying reason, up to the total number of hours to which the Covered Employee is entitled under the above.

The City of Kingsburg is not required to provide a Covered Employee more than the total number of hours of SPSL to which the Covered Employee is entitled to under sections 2 through 4 above.

If a Covered Employee is provided SPSL retroactively for qualifying leave before adoption of this policy, the City of Kingsburg will count the retroactive SPSL provided against the total amount of SPSL to which the Covered Employee is entitled.

Covered Employees that request retroactive SPSL will be required to sign a "COVID-19 Supplemental Paid Sick Leave Acknowledgment," acknowledging the accuracy of the amount of leave designated retroactively.

Council Approved Leave from January 1, 2021 to March 31, 2021 Provision:

The City of Kingsburg provided Covered Employees with leave taken on or after January 1, 2021, that was payable for the same qualifying reasons enumerated above and compensated

in an amount equal or greater to the amount enumerated below, the City of Kingsburg will count such supplemental benefit against the employee's SPSL entitlement.

Compensation While on SPSL:

Covered Employees are entitled to compensation for SPSL at their regular rate of pay, including pursuant to any applicable collective bargaining agreement, subject to a cap of \$511 per day and \$5,110 in the aggregate.

Labor Code § 248.2, subsection (b)(3)(A) provides that each hour of SPSL shall be compensated at a rate equal to the following:

(i) For nonexempt covered employees, by the highest of the following:

(I) Calculated in the same manner as the regular rate of pay for the workweek in which the covered employee uses SPSL, whether or not the employee actually works overtime in that workweek.

(II) Calculated by dividing the covered employee's total wages, not including overtime premium pay, by the employee's total hours worked in the full pay periods of the prior 90 days of employment.

(III) The state minimum wage.

(IV) The local minimum wage to which the covered employee is entitled.

(ii) For exempt covered employees it shall be calculated in the same manner as the employer calculates wages for other forms of paid leave time.

Employee Notice of Supplemental Paid Sick Leave:

Covered Employees must notify the City of Kingsburg that they intend to take SPSL. The Covered Employee may provide such notice either orally or in writing to their immediate supervisor.

Employee Status While on Leave:

The City of Kingsburg will compensate Covered Employees who use SPSL according to the manner described in this policy and will otherwise treat Covered Employees who use COVID-19 Supplemental Paid Sick as if they are using paid sick leave according to the City of Kingsburg's Sick leave policy defined in the Personnel Manual or applicable MOU.

Employee Obligations for Requesting Retroactive Payments for Prior Leave that Qualified as SPSL:

Employees are entitled to SPSL retroactive to January 1, 2021.

If the City of Kingsburg did not compensate the employee for leave that would otherwise have qualified as SPSL between January 1, 2021 and the effective date of this policy, in an amount equal or greater to what the employee would have been entitled to under this policy, the employee is eligible for a retroactive payment from the City of Kingsburg for such leave.

In order to receive payment for such leave, employees must make an oral or written request to be paid for such leave to the City of Kingsburg's Human Resources Department.

For any such retroactive payment, the number of hours of leave corresponding to the amount of the retroactive payment shall count towards the total number of hours of SPSL that the employer is required to provide to the Covered Employee.

Expanded Family Medical Leave ("EFML") Under ARPA

Employees are entitled to 2 weeks of EPSL and 12 weeks of EFML if the employee is unable to work or telework because the employee: Is caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19. The counting period for EFML reset on April 1, 2021.

Employee is entitled to pay at 2/3 their regular rate up to \$200 per day and \$12,00 in the aggregate over a 12-week period. When combined with EPSL (reason 5), results in \$14,000 total pay, \$2,000 of EPSL and \$12,000 of EFML.
