

California COVID-19 Paid Sick Leave Absence Form

(SB 114)

(Effective January 1, 2022 through September 30, 2022)

Employee Name: _____

Job Title: _____

Days/Hours Missed: _____

Basis for Sick Leave (check all that apply):

- The covered employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local public health officer who has jurisdiction over the workplace.
- The covered employee has been advised by a health care provider to isolate or quarantine due to COVID-19.
- The covered employee is attending an appointment for themselves or a family member to receive a vaccine or a vaccine booster for protection against COVID-19.
- The covered employee is experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevent the employee from being able to work or telework.
- The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- The covered employee is caring for a family member who:
 1. Is subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, OR
 2. Has been advised by a health care provider to isolate or quarantine.
- The covered employee is 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 covered employee, or a family member for whom the covered employee is providing care, tests positive for COVID-19.

Signature (Employee): _____

Signature (Supervisor): _____

*Please submit completed form to HR (Attn: John Bratsch).