



PLACER COUNTY
HUMAN RESOURCES DEPARTMENT

COVID-19

Name: _____

Department: _____

Employee Request for Retroactive 2021 COVID-19 Paid Sick Leave (CPSL)

I, _____, certify that I am requesting retroactive compensation for CPSL between January 1, 2021 and March 28, 2021 because I was previously unable to work or telework, and was not paid (i.e., not paid through use of accrued leave such as sick leave, vacation, CTO, Floating Holiday, etc.) for the following reason(s):

Note: If accrued leave balances were utilized during this time period, CPSL will not be applied retroactively. If the dates you are requesting CPSL is on or after March 29, 2021, please complete and submit the "Employee Certification of Need for 2021 COVID-19 Paid Sick Leave" form.

I was subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The government agency that issued the quarantine or isolation order was: _____ From: _____ To: _____

I was advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of health care provider: _____ From: _____ To: _____

I attended an appointment to receive a vaccine for protection against contracting COVID-19. Vaccination Appointment Date: _____ Time: _____

I experienced symptoms related to a COVID-19 vaccine that prevented me from being able to work or telework. From: _____ To: _____

I was experiencing symptoms of COVID-19 (e.g., fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea) and was seeking a medical diagnosis. From: _____ To: _____

I was caring for a qualifying family member (child, parent, spouse or registered domestic partner, grandparent, grandchild, or sibling) who was subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or was advised by a health care provider to self-quarantine due to concerns related to COVID-19. Relationship to qualifying family member: _____ From: _____ To: _____

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I was caring for my child whose classroom in school or place of care was closed after concern that a person who had been present on the school or daycare premises on or after January 1, 2021, was exposed to, or had contracted, COVID-19. This did not include caring for my child whose school or daycare was closed before January 1, 2021.

Name of child: _____ Name of school/placer of care: _____
From: _____ To: _____

I was exposed to a positive COVID-19 case at work and excluded from the workplace pursuant to the Cal/OSHA Emergency Temporary Standards (3205 (C)(10) "COVID-19 Regulations").

From: _____ To: _____

I understand that if I have not exhausted my CPSL balances as a result of the above retroactive CPSL request, I may still qualify for CPSL in the future.

Employee/Representative Signature: _____

Date: _____

HRD OFFICIAL USE ONLY: Date Request Received: _____ Date Employee Contacted: _____
COVID-19 Paid Sick Leave (Eligible Hours: ___) Initiated in Workday as of _____
Effective Date: _____ Pay Period: _____ Initiated By: _____