



COVID-19 2022 Supplemental Paid Sick Leave (SPSL) Request Form

Employee Name: []
Position/Job Title: []

Hartnell ID #: []
Site Location/Department: []

- Faculty (Full-time/Part-time) Classified: L-39/CSEA/Confidential Management Hourly or Other

Employees shall request to use Supplemental Paid Sick Leave (SPSL) to the extent their absence meets circumstances related to COVID-19, as provided under SPSL Category 1 or SPSL Category 2 below:

- SPSL Category 1= [Due To Symptoms/Side Effects/Child Care Closure](#) (timecard F R G H 3 & 2 9 6)
- SPSL Category 2 = [Due To COVID-19 Positive Test Result](#) (timecard F R G H 3 & 2 9 7)

To request SPSL, please check the appropriate box below indicating the SPSL reason(s) you are unable to work. (Note: Reasons may fall under Category 1 and/or Category 2).

SPSL Category 1 : Due to Symptoms/Side Effects/Child Care (Up to 40 hours available)
(More than one box may be checked)

SPSL is available to employees who cannot work or telework if the employee is:

† Subject

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