



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

**EMPLOYEE INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Employee ID #</b>
<b>Site/Department</b>	<b>Job Title</b>	<b>Substitute/Temporary</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employee's Phone #</b>

**COVID LEAVE (AS OUTLINED IN CA SENATE BILL 114) Jan 1, 2022 through Sept 30, 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: \_\_\_\_\_