



COVID-19 SICK LEAVE REPORTING

Please complete if you were absent due to COVID-19. You must include all supporting verification documents.

NOTICE: Under the Families First Coronavirus Response Act, effective April 1, 2020 through December 31, 2020, the Peralta Community College District will be providing Emergency Paid Sick Leave to our employees. Your paid sick leave entitlement will be dependent on the circumstances of your absence. Please check the appropriate reason below that identifies your individual circumstance.

If you were sick (and therefore unable to work or telework), your absences will be covered for up to 10 days (maximum hours determined by your regular sick leave accrual rate), depending on your circumstance, at either:

- 100% of your regular pay rate, up to \$511.00 per day, for options 1-3 OR
- 2/3 of your regular pay rate, up to \$200.00 per day, for options 4-7

If you took sick leave as a result of an illness not related to COVID-19, please report this as regular sick leave on the Leave Absence Reporting ("LAR") form for Administrators, Classified, Faculty, Hourly and Student employees. Use code "COV".

In order to process hours covered as COVID-19, it is required that you select one of the options below.

Please check the appropriate reason for your absence. If more than one applies, please submit multiple forms with only one reason checked per form. You will be required to submit verification documents for the selected reason. *(For reason (1) - the governor's shelter-in-place directive qualifies.)*

- _____ (1) Required to stay home due to a Federal, State or local quarantine order related to COVID-19
(verification documents must be attached)
- _____ (2) Advised by a health care provider to self-quarantine due to concerns related to COVID-19
(verification documents must be attached)
- _____ (3) Experienced symptoms of COVID-19 and sought medical diagnosis *(verification documents must be attached)*
- _____ (4) Cared for an individual who was required to stay home due to a Federal, State or local quarantine order related to COVID-19 *(verification documents must be attached)*
- _____ (5) Cared for an individual who was advised by a health care provider to self-quarantine due to concerns related to COVID-19 *(verification documents must be attached)*
- _____ (6) Cared for a son or daughter due to school/childcare facility being closed and/or childcare provider being unavailable, due to COVID-19 precautions *(verification documents must be attached)*

_____ (7) Experienced other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor (*verification documents must be attached*)

Condition: _____

Please check the verification box below that applies to your circumstance.

- My circumstance (reason 1, 2 or 3) is covered at 100% of my regular pay rate,* up to \$511.00 per day; **by checking this box I am confirming that I would like to supplement this absence with my regular accrued leaves to achieve 100% of my regular pay rate.**

Supplemental Leave Plan: _____
(Enter the regular leave plan you would like to use to supplement)

- My circumstance (reason 4, 5, 6 or 7) is covered at 2/3 of my regular pay rate,* up to \$200.00 per day; **by checking this box I am confirming that I would like to supplement this absence with my regular accrued leaves to achieve 100% of my regular pay rate.**

Supplemental Leave Plan: _____
(Enter the regular leave plan you would like to use to supplement)

* I understand that by not choosing a supplemental leave plan, I am only entitled to receive the maximum covered pay and that my pay will be deducted in the next possible payroll cycle for any amount of my pay not covered by Families First Coronavirus Response Act.

Employee Signature (Please print and sign name)

Date

Supervisor Signature (Please print and sign name)

Date