



REQUEST FOR LEAVE OF ABSENCE RELATED TO 2022 COVID-19
SUPPLEMENTAL PAID SICK LEAVE (SPSL)

Form Updated: 04/22/2022

SECCION 4: FECHA DE EXCEDENCIA DE TRABAJO

Fecha de Inicio:	Fecha Final:	Horas:
Fecha de Inicio:	Fecha Final:	Horas:
Fecha de Inicio:	Fecha Final:	Horas:

Firma: _____

Fecha: _____

FOR HUMAN RESOURCES ONLY: PARA USO DE RECURSOS HUMANOS SOLAMENTE:

Leave Request Approved:

Request is approved with the following modification(s):

Request is **NOT** approved because:

Employee did not provide a qualifying reason covered by Labor Code § 248.6 & 248.7, SB 114.

Employee did not provide verification document(s)

Human Resources Technician: _____

Date: _____