



HANFORD JOINT UNION HIGH SCHOOL DISTRICT

823 W. Lacey Boulevard ♦ Hanford, Ca. 93230

(559) 583-5901 ♦ Fax (559) 589-9769

www.hjuhsd.k12.ca.us

BOARD OF TRUSTEES

Lisa Chavarin Stacie Johnson Paul Gillum Alicia Martella Paula Massey

Dr. Rosa, Superintendent

SB 95 2021 COVID-19 Supplemental Paid Sick Leave

California Enacted SB 95 providing a new bank of supplemental paid sick leave applicable to school employers on March 19, 2021. This law mandates that employers provide up to two weeks of sick leave for various COVID-related absences. This leave bank is retroactive to January 1, 2021 and expires on September 30, 2021. From January 1, 2021 through March 30, 2021 the SB 95 leave bank ran concurrent with any HR6201 leave that the district carried over from December 2020. Below is a summary of the new leave benefits. These emergency benefits will be applied before the employee's regular leave accruals are used.

If you have questions regarding your eligibility or benefits, please contact Payroll: Tammy Nichols at tnichols@hjuhsd.org for Certificated Staff and Sheri Salazar at ssalazar@hjuhsd.org for Classified Staff.

EFFECTIVE January 1, 2021

SB95 Supplemental Paid Sick Leave: This leave is up to two (2) weeks of paid leave. SPSL Pay is calculated based on the employee's regular rate of pay but is limited to \$511 per day.

- The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19, as defined by an order or guidelines of the State Department of Public Health, the federal CDC, or a local health officer who has jurisdiction over the workplace.
- The employee is advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19.
- The employee is attending an appointment to receive a vaccine for protection against contracting COVID-19.
- The employee is experiencing symptoms related to a COVID-19 vaccine that prevent them from working or teleworking.
- The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- The employee is caring for a family member who is subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19.
- The employee is caring for a child whose school or place of care is closed or otherwise unavailable for COVID-related reasons.



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SB 95 2021 COVID-19 Supplemental Paid Sick Leave Request

Employee Name

Job Title

Work Location

Employee ID #

Type of Request: *Select all that apply.*

Supplemental Paid Sick Leave (SPSL): **Dates of leave:** _____ **to** _____

- Employee is unable to work due to government issued quarantine or isolation order.
- Employee has been advised to self-quarantine by a healthcare provider and is unable to work.
- Employee is experiencing symptoms of COVID-19, seeking diagnosis and unable to work.
- Employee is attending an appointment to receive a vaccine for protection against COVID-19.
- Employee is caring for an individual subject to government issued quarantine or isolation order related to COVID-19 or who is caring for an individual who has been advised to self-quarantine by a healthcare provider related to COVID-19 and is unable to work.
- Employee is caring for a son or daughter whose school or childcare is closed or unavailable “due to COVID-19 precautions” and is unable to work.

My signature below assures that I meet the criteria listed above and qualify for Supplemental Paid Sick Leave as I am **unable to work, either at an assigned work site or in a remote assignment assigned by HJUHS**. Misuse of this leave is grounds for disciplinary action and may also result in a requirement to repay benefits.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

+++++
Business Office Verification:

Qualifies Does not qualify Reason: _____

Eligibility verified by: _____ Date: _____