

# Los Angeles Unified School District

## CERTIFICATION/REQUEST OF ABSENCE FOR 2022 COVID-19 SUPPLEMENTAL PAID SICK LEAVE ACT

### EMPLOYEE INFORMATION (Please Print)

Last Name	First Name	M.I.	Employee No.
Work Location Name	Job Title	Substitute/Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No	Employee's Telephone

### REASON FOR ABSENCE

1. Starting date of absence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last date of absence (expected) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

2. Total time (expected) of absence: \_\_\_\_\_ days; \_\_\_\_\_ hours.

**NOTE: This form does not supersede or replace the Leave of Absence Request Form (PC Form 5006 or HR Form 1065), when required.**

3. Select appropriate type of leave:

The following types of absence may qualify for protection under the 2022 COVID-19 Supplemental Paid Sick Leave Act ("2022 SPSLA"). You may request protection if the absence is covered under the qualifying conditions.

**CATEGORY 1**

- A) I am or my covered family member is subject to a State Department of Public Health, federal Centers for Disease Control and Prevention, or LAUSD quarantine or isolation order related to COVID-19.  
 Employee  Family Member: Employee Relationship to Covered Family Member \_\_\_\_\_
- B) I have or I am caring for a covered family member who has been advised by a health care provider to self-quarantine due concerns related to COVID-19.  
 Employee  Family Member: Employee Relationship to Covered Family Member \_\_\_\_\_
- C) I am or I am caring for a covered family member who is attending an appointment to receive a vaccine for protection against contracting COVID-19.  
 Employee  Family Member: Employee Relationship to Covered Family Member \_\_\_\_\_
- D) I am or I am caring for a covered family member who is experiencing symptoms related to a COVID-19 vaccine that prevent me from working or teleworking. **Total is 24 hours (or three days)** unless employee provides verification from a healthcare provider that the symptoms are continuing.  
 Employee  Family Member: Employee Relationship to Covered Family Member \_\_\_\_\_
- E) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- F) I am caring for my child(ren) whose school or place of care is closed, or otherwise unavailable for reasons related to COVID-19 on the premises

**CATEGORY 2**

- G) I have or I am caring for a covered family member who has tested positive for COVID-19. The employee may be required to submit a diagnostic test on or after the fifth day or may have to provide covered family member's COVID-19 positive test result prior to approving the use of the 2022 SPSL benefit.  
 Employee  Family Member: Employee Relationship to Covered Family Member \_\_\_\_\_

### IMPORTANT LAUSD INFORMATION

**'Documentation' may be requested by an Administrator confirming the request is consistent with a prescribed purpose as specified in Section II Reasons for Leave 1 and 2 of the LAUSD 2022 COVID-19 Supplemental Paid Sick Leave Act policy bulletin.**

4. If requested, is the appropriate documentation submitted with this request?  Yes  No  N/A

**NOTE: If documentation was requested and the answer is "No", the correct documentation must be submitted separately and promptly.**

I certify I was/will not be employed elsewhere during my regular work hours within the time period claimed on this certification, unless taking vacation. I certify my absence during this period was not and is not for participating in a strike/work stoppage or because of my unwillingness to cross picket lines and I would have been available for duty if it had not been for the reason cited above. Furthermore, I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with the 2022 COVID-19 SPSL Act under California Labor Code 248.6 and any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage charged above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under the penalty of perjury that the foregoing is true and correct.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Administrator/Supervisor:** If requested, is 2022 SPSLA supporting documentation received/on file?  Yes  No  N/A  
**Administrator/Supervisor's Acknowledgment/Approval:**

\_\_\_\_\_  
 Print Name Signature Date

**For Administrator/Supervisor:** Do you approve the requested absence?  Yes  No  
 Explanation (If No): \_\_\_\_\_

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