KERN COUNTY / HUMAN RESOURCES

Devin Brown
CHIEF HUMAN RESOURCES OFFICER

Supplemental COVID-19 Paid Sick Leave Request Form

California Labor Code section 248.6 – January 1, 2022 – September 30, 2022

Individuals employed by Kern County are entitled to up to 80 hours of supplemental COVID-19 paid sick leave pursuant to the terms of Labor Code section 248.6. Additional hours may be applicable based upon an employee's normal work schedule. Employees must complete this form to use this supplemental leave entitlement.

Employee Name _____ Employee ID # _____

E-mail _____ Daytime Phone _____

Leave Start Date _____ Anticipated Leave End Date _____ Intermittent ◯ Y ◯ N

Supplemental Paid Sick Leave

You are entitled to reimbursement or restoral of paid time off if you were unable to work or telework due to a qualifying reason related to COVID-19 and went unpaid or used other paid time off between January 1 and February 19, 2022. **Select One:**

◯ 1. I was subject to federal, state, or local quarantine or isolation order related to COVID-19

◯ 2. I was advised by a health care provider to isolate or quarantine due to COVID-19

◯ 3. I was attending a vaccine or booster appointment for me or my family member

◯ 4. I was experiencing symptoms or caring for a family member experiencing symptoms related to a COVID-19 vaccine

◯ 5. I was experiencing symptoms of COVID-19 and seeking a medical diagnosis

◯ 6. I was caring for a family member who meets the specifications in (1) or (2) above

◯ 7. I was caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises

_____ (initial) I certify that the basis of my request is true and factual.

_____ (initial) I understand that, notwithstanding Kern County Ordinance Code section 3.08.510 (c), overtime exempt employees may use supplemental paid sick leave intermittently in increments of less than eight hours.

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

Department HR Initials _____