



EMPLOYMENT & HUMAN SERVICES

MEMORANDUM

Kathy Gallagher, Director

40 Douglas Drive, Martinez, CA 94553 • (925) 608-5000 • Fax (925) 313-9748 • www.ehsd.org

To: All Staff, Code 2A Date: May 4, 2021
From: Debora Boutté, Personnel Services Officer
Subject: COVID-19 Supplemental Sick Leave and Revised Historical Request Form

As stated in the STARS memo to all staff dated April 19, 2021, new Senate Bill 95 COVID-19 Supplemental Sick Leave pay codes are now available for use in Ecotime and Clouds.

In order to request use of the SB 95 pay codes retroactively, please follow the instructions below. The same process will be followed for Ecotime users and Clouds users. For questions relating to this memo, please contact your assigned Payroll Clerk. Going forward, make sure to use the appropriate SB 95 pay codes in Ecotime and Clouds.

Table with 3 columns: Timeframe, Description, To Request. Row 1: 1/1/2021 - 4/30/2021, If an employee took time off due to a COVID-19 related issue as indicated in SB95, then the employee can request the use of supplemental leave hours., Complete the attached REVISED form and send to the Payroll Team. The revised form is dated 5/4/2021.

For your reference, allowable COVID-19 Supplemental Sick Leave Reasons are outlined below as indicated in SB95:

- (A) The covered employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local health officer who has jurisdiction over the workplace.
(B) The covered employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
(C) The covered employee is attending an appointment to receive a vaccine for protection against contracting COVID-19.
(D) The covered employee is experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework.

- (E) The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (F) The covered employee is caring for a family member, as defined in subdivision (c) of Section 245.5, who is subject to an order or guidelines described in subparagraph (A) or who has been advised to self-quarantine, as described in subparagraph (B).
- (G) The covered employee is caring for a child, as defined in subdivision (c) of Section 245.5, whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

The above language is directly from SB95, both (F) and (G) refer to subdivision (c) of Section 245.5 – below is how family member and child are defined from Labor Code 245.5,

(c) “Family member” means any of the following:

- (1) A child, which for purposes of this article means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. This definition of a child is applicable regardless of age or dependency status.
- (2) A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
- (3) A spouse.
- (4) A registered domestic partner.
- (5) A grandparent.
- (6) A grandchild.
- (7) A sibling.

It is important to note in regards to (G) caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises, is not a generic childcare leave benefit. This reason requires the closure be due to a COVID-19 event on the premises of the school or daycare, such as a COVID-19 outbreak at the site. Requesting leave for general childcare or to care of a child during distance learning does not qualify for the use of the Supplemental Sick Leave.

Employment and Human Services Department Historical Request for COVID-19 Supplemental Sick Leave (SB95)



Instructions: Complete Sections A, B and C below. Submit completed request form to the Payroll Team at payrollhelp@ehsd.cccounty.us for processing.

Section A. Employee Information	
Employee Name:	
Employee Number:	Date Submitted:

Section B. Historical Requests		
SB95 Pay Codes	SB95 Pay Code Descriptions	Type of Documentation/Information
SB95-A	Subj to Quarantine Order	Doctor's note
SB95-B	Advised to Sif Quarantine	Doctor's note
SB95-C	C19 Vaccine Appointment	Vaccine Card
SB95-D	C19 Vaccine Symptoms	Vaccine Card
SB95-E	COVID 19 Symptoms	Doctor's note
SB95-F	COVID 19 Family Care	Doctor's note
SB95-G	School-ChildCare Outbreak	Name and Location of School*

Indicate the SB95 pay code, date and hours for SB95 circumstance.

SB95 Pay Code	Date(s)	Hours

*If using SB95-G School-ChildCare Outbreak, please provide name and location of school.

Name of School	Location of School

Section C. Approval	
Supervisor's Signature:	Date:
Supervisor's Name (please print):	

Payroll Use Only			
Initials:	Date Completed:	<input type="checkbox"/> Ecotime Updated	<input type="checkbox"/> Kronos Updated
		<input type="checkbox"/> Clouds Updated	