



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

COVID-19 Supplemental Paid Sick Leave (“SPSL”) Guidelines
(also referred to as SB 95)
Effective January 1, 2021 – September 30, 2021

Dear Colleagues,

After a long period of uncertainty, we are starting to return to a semblance of “normal.” We appreciate your commitment, and patience as we navigate these uncharted territories.

Effective March 29, 2021, Labor Code section 248.2 required certain paid sick leave entitlements for employees who are unable to work or telework due to specifically enumerated qualifying reasons related to COVID-19 Supplemental Paid Sick Leave (“SPSL”). The District adopted these Guidelines in order to provide qualified employees the SPSL to which they are entitled and to otherwise comply will all relevant and applicable requirements provided under Labor Code section 248.2.

The following Guidelines set forth certain rights and obligations regarding this leave.

Guidelines

Scope of Coverage:

These Guidelines will apply to all Covered Employees employed by District.

Effective Dates:

The Guidelines is effective immediately and the paid leave benefits provided herein shall be retroactive to January 1, 2021.

SPSL benefits expire on September 30, 2021 unless the underlying law is extended, except that the District will provide a Covered Employee who is on SPSL at the time of the

expiration of such benefits the full amount of SPSL to which the Covered Employee would otherwise be entitled.

Employees Eligible for SPSL:

All District Covered Employees are eligible for SPSL if they are unable to work or telework for one or more of the enumerated reasons related to COVID-19 as set forth in these Guidelines.

Qualifying Reasons for SPSL:

A Covered Employee qualifies for SPSL if they are unable to work or telework for one or more of the following reasons:

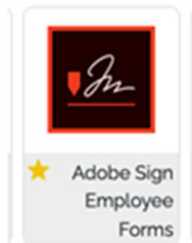
1. The employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis;
4. The employee is caring for a Family Member who is subject to a quarantine or isolation order or guidelines described above, or who has been advised to self-quarantine by a health care provider;
5. If the employee is caring for a Child whose school or place of care is closed due to COVID-19. This qualifying reason also applies if the employee is caring for a Child whose school or place of care is otherwise unavailable for reasons related to COVID-19 on the premises;
6. The employee is attending an appointment to receive a vaccine for protection against contracting COVID-19; or
7. The employee is experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work or telework.

Employee Obligations for Requesting Leave and Retroactive Coverage for Prior Leave that Qualified as SPSL:

For those of you who were/are impacted, having to take Sick Leave, Personal Leave, Vacation, Unpaid Leave or Other between the period of January 01, 2021 and June 30, 2021, we have created a form that Human Resources will be using to document, and when necessary, reinstate COVID-related leave taken during those times. This form will also be used for any current leave taken through September 30, 2021.

To utilize this option, please follow these instructions:

1. Log in to MyPortal
2. In the Apps area look for the Adobe Sign Employee Forms



a.

3. Click on the FHDA Request for COVID Leave



a.

4. Fill in the Supervisor Email with your direct supervisor's email



a.

5. Then scroll to the bottom and click Send



a.

6. The COVID Leave form will pop up



Foothill-De Anza Community College District
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Request for SB95 COVID Leave

I, _____, certify that I am or was unable to work (or work remotely) for one or more of the following reasons:

- I am/was subject to a quarantine or isolation period related to COVID-19 as defined by federal, state, or local orders or guidelines.
- I have been/was advised by a health care provider to quarantine due to concerns related to COVID-19.

a.

7. Complete the form with the appropriate information and sign.
8. The form will then route to your supervisor for acknowledgement.
9. Once completed by your supervisor, the form will be routed to Human Resources. We'll take it from there!

Again, thank you for your patience.

Here's hoping you and yours are well.

Stay safe. Stay Healthy.

—

Myisha Washington | Interim Vice Chancellor, Human Resources and Equal Opportunity

Foothill-De Anza Community College District

District Office of Human Resources

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