

## COVID-19 CA Leave Request

### or [Submitter](#)

Submitter:

Business Office Phone

Preferred Email

### Instructions

For every day needed you want to use CA COVID-19 paid leave hours, you must click **Add Details** to enter the details for each day you are requesting paid leave hours. Your request will generate a notice to your manager of the CA COVID-19 paid leave hours you are seeking, and your manager will ensure your timescard appropriately reflects the hours for which you are eligible.

**Request Type: Add for pay period** - use this to notify your manager of your request to add or record hours for the specific pay period selected.

**Request Type: Replace previous submission for pay period** - use this to notify your manager to revise and replace what was [previously submitted](#) with an earlier version of this form.

**Request Type: Withdraw request previously submitted for pay period** - use this to notify your manager to cancel and undo what was [previously submitted](#) with an earlier version of this form.

You may be eligible for CA COVID-19 paid leave hours for reasons related to COVID-19 if you are unable to work or telework under the following COVID-19 related circumstances:

**COVID-19 Positive Test Results: Up to 40 hours if you or a family member you are caring for test positive for COVID-19, and you are unable to work or telework as a result.**

**Other COVID-19 related reasons: Up to 40 hours for the following COVID-related reasons that prevent you from working or teleworking:**

- Vaccine related: You are attending a vaccine appointment for yourself or a family member, or cannot work or telework due to your or your family member's vaccine-related side effects.
- Quarantine or isolation: You are required to quarantine or isolate related to COVID-19 according to public health order or guidance or health care provider advice, or you are caring for a family member who is required to quarantine or isolate.
- Symptoms of COVID-19: You are experiencing symptoms of COVID-19 and seeking a medical diagnosis, but you have not yet tested positive.
- School or place-of-care closure: You are caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises.

You have 15 minutes to complete this form before timing out. We recommend using "Save As Draft", if needed to extend the time, while completing the form before submitting.

After submitting this form, you will receive a successfully submitted message in a green box at the top of the page and the request will be visible on your My Cases dashboard. If you do not see this message, please refresh your screen, enter the information, and submit again.

### Request

\*Work Week Start

Sunday  Monday

\*Pay Period Start Date

\*Request Type

- Add for pay period  
 Replace previous submission for pay period  
 Withdraw request previously submitted for pay period

### Acknowledgment and Attention

By typing in my name below, I certify that the information I provided above is truthful and accurate, and I understand that if I knowingly provide false or inaccurate information, I could be subject to discipline, including termination of my employment.

\*Please type your name to confirm your agreement

[Save As Draft](#) [Submit Case](#) [Cancel Case](#)