

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM**

Effective March 29, 2021 through September 30, 2021, Senate Bill 95 provides for up to 80 hours of Supplemental Paid Sick Leave (“SPSL”) for employees unable to work or telework for reasons related to COVID-19. SPSL is retroactive back to January 1, 2021. SPSL is capped at \$511 per day and \$5110 in total.

To request a SPSL leave of absence, submit this form to Human Resources:

- Classified – Nedra Ford at [nford@smmusd.org](mailto:nford@smmusd.org)
- Certificated – Vida Kamkar at [vkamkar@smmusd.org](mailto:vkamkar@smmusd.org).

Employee Name: \_\_\_\_\_  Certificated  Classified  Management

Job Title: \_\_\_\_\_ Site/Department: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Leave Request Dates: Start: \_\_\_\_\_ End: \_\_\_\_\_

Indicate the qualifying reason for SPSL:

- I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health, the federal Centers for Disease Control and Prevention, or local health officer with jurisdiction over the workplace.
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I am attending an appointment to receive a vaccine for protection against contracting COVID-19.
- I am experiencing symptoms related to a COVID-19 vaccine that prevents me from working or teleworking.
- I am caring for a family member who subject to a quarantine or isolation order or guidelines, or who has been advised to self-quarantine by a health-care provider. Relationship: \_\_\_\_\_
- I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.
  - Child’s name: \_\_\_\_\_
  - School or Daycare: \_\_\_\_\_

- I believe I retroactively qualify for SPSL and have checked one of the qualifying reasons above.
- Explain: \_\_\_\_\_  
\_\_\_\_\_

SMMUSD provided pandemic-related leave benefits from January 1, 2021 – March 28, 2021. Previously approved pandemic-related leave may offset retroactive SPLA.

Employee’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied      Signature: \_\_\_\_\_ Date: \_\_\_\_\_