



CALIFORNIA COVID-19 SUPPLEMENTAL PAID SICK LEAVE

**ACCRUALS REFUND FORM**

If you used a personal accrual from January 1, 2021 to March 31, 2021 for a COVID-19 eligible reason (see list below), then please complete this form and email your refund request to Kristi Florence in HR ([kristi\\_florence@ci.richmond.ca.us](mailto:kristi_florence@ci.richmond.ca.us)). **HR will forward the reversal request to Payroll.**

Employee Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

Department: \_\_\_\_\_

Eligible Uses of CA COVID-19 Supplemental Sick Leave:

- (1) Caring for Yourself.** The employee is subject to a quarantine or isolation period related to COVID-19, has been advised by a healthcare provider to quarantine because of COVID-19 or is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- (2) Vaccine-Related.** The employee is attending an appointment to receive a COVID-19 vaccine or is experiencing symptoms related to a COVID-19 vaccine.
- (3) Caring for a Family Member.** The employee is caring for a family member who is subject to a quarantine or isolation period related to COVID-19 or who has been advised to self-quarantine.
- (4) Childcare.** The employee is caring for a child whose school or place of care is closed or unavailable because of COVID-19 on the premises.

You may use the leave on more than one occasion, up to the total maximum benefit. Refer to the City's Administrative Policy and Protocols for CA CSPSL for details. List the date(s) and the hours of CA COVID-19 supplemental sick leave used:

Date	Accrual Type Used (sick, vacation, etc.)	Hours	Reason # (1, 2, 3 or 4)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date