

City of Oxnard
Employee Request Form
COVID-19 Supplemental Paid Sick Leave (“SPSL”)
TIMEKEEPERS: PAYROLL CODE 9V
Use this form If you are requesting SPSL after October 1, 2021

Name: _____ Title: _____ Union: _____

Department/Division: _____

Current Address: _____ Date: _____

Request for a leave of absence from _____ to _____ (return to work date)

Reason (check appropriate box):

I am 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. The government agency that has issued the quarantine or isolation order is:

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is:
_____.

I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

I am seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19 after I was exposed to COVID-19.

I am experiencing an adverse reaction to a COVID-19 vaccine booster shot that is preventing me from being able to work or telework.

I certify that the above information is true and correct.

Employee Signature: _____ Date: _____ Phone: _____

Human Resources Department: _____ Date: _____

Note: You must attach a copy of your COVID-19 Vaccination Card when submitting this form to the Human Resources Department