

TAHOE-TRUCKEE SANITATION AGENCY

A Public Agency
13720 Butterfield Drive
TRUCKEE, CALIFORNIA 96161
(530) 587-2525 • FAX (530) 587-5840



Directors

Dan Wilkins: President
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2022 COVID-19 Supplemental Paid Sick Leave (SPSL) Policy

Purpose

A new California law (SB114) has passed that requires employers to provide supplemental paid sick leave ("SPSL") related to COVID-19. The law was signed on February 9, 2022, but is retroactive to January 1, 2022, and expires on September 30, 2022.

Under this new law, employees may be entitled to two separate banks of SPSL time of up to 40 hours each, for a total of up to 80 hours of COVID-19 supplemental paid sick leave.

Qualifying Reasons to Take SPSL

A "covered employee" eligible to request SPSL is one who is unable to work (or telework) due to one or more of the following reasons:

1. The covered employee is subject to a defined public health quarantine or isolation period related to COVID-19.
2. The covered employee has been advised by a health care provider to isolate or quarantine due to COVID-19.
3. The covered employee is attending an appointment for themselves or a defined family member to receive a vaccine or a vaccine booster for protection against COVID-19.
4. The covered employee is experiencing symptoms, or is caring for a defined family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster.
5. The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
6. The covered employee is caring for a family member who:
 - a. Is subject to a defined public health order or guidance to isolate or quarantine, OR
 - b. Has been advised by a health care provider to isolate or quarantine due to COVID-19.
7. The covered employee is caring for a child whose school or place of care is closed, or otherwise unavailable, for reasons related to COVID-19 on the premises.
8. The covered employee, or a defined family member for whom the covered employee is providing care, tests positive for COVID-19. Proof of a positive test result may be required.

Amount of Supplemental Paid Sick Leave

Full-time employees may request to use up to 40 hours of SPSL for any of the qualifying reasons 1-7 above. Full-time employees may request to use up to 40 hours of SPSL for qualifying reason 8 above.

Rate of Pay

SPSL is paid at the employee's regular rate of pay, not to exceed \$511 per day (based on an 8-hour workday) and \$5,110 in total. For employees working a schedule other than 8 hours per day, the maximum rate will be based on an equivalent hourly rate of \$511 per day at 8 hours per day, multiplied by the number of hours worked per day.

Interaction with Other Paid Leave

The employee may request to use SPSL before using any other accrued paid time off to which the employee may be entitled.

Procedure for Requesting Supplemental Paid Sick Leave

Employees must complete the attached Request for 2022 COVID-19 Supplemental Paid Sick Leave (SPSL) form and submit the form to HR or their department manager. Once reviewed the employee will be notified of approval.

The Agency does not tolerate discrimination or retaliation against an employee requesting or using SPSL.

Please contact the HR department with any questions.

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Request for 2022 COVID-19 Supplemental Paid Sick Leave (SPSL)

To request SPSL as provided under the 2022 Supplemental Paid Sick Leave (SPSL) Policy, please complete the following request form and submit to your department manager or Human Resources as soon as possible, preferably before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____

Department/Job Title: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of supplemental paid sick leave being requested is _____ hours.

The reason for this supplemental paid sick leave request is (check the appropriate reason below):

- 1. The covered employee is subject to a defined public health quarantine or isolation period related to COVID-19.
- 2. The covered employee has been advised by a health care provider to isolate or quarantine due to COVID-19.
- 3. The covered employee is attending an appointment for themselves or a defined family member to receive a vaccine or a vaccine booster for protection against COVID-19.
- 4. The covered employee is experiencing symptoms, or is caring for a defined family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster.
- 5. The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
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By signing below, I attest that I qualify to utilize SPSL due to the above check-marked reason(s).

Employee Signature _____ Date _____