

2022 COVID-19 Supplemental PSL Adjustment Request

****Please note, your request will be reviewed for eligibility. Submission does not guarantee approval. If approved, your adjustment will be processed within 1 pay period. If denied, you will be notified. All documents required must be attached before payment will be considered.**

1. EMPLOYEE INFO:

NAME:	DATE:
PHONE NUMBER/EXT:	DEPT:

2. DATES OF COVID-19 RELATED ABSENCE:

3. SELECT APPLICABLE REASON:

Caring for Yourself/Family Member

- You or Family Member were subject to a Quarantine period related to COVID-19
- You or Family Member were advised by healthcare provider to quarantine
- You or Family Member were experiencing symptoms and seeking medical diagnosis
- You were caring for a child whose school or place of care was closed or unavailable due to COVID-19 on the premises

You or Family Member were diagnosed with COVID-19
 *please attach + test for family member (home kits are not permissible as name must appear with associated test results. Also, if you did not test with SVMC, nor provide to SVMC results, you must attach.

Vaccine Related

Attending a vaccine appointment or cannot work/telework due to vaccine-related symptoms for self or family member

4. SELECT PREVIOUS PAY DETAILS:

- Previously used accrued PSL/VacHol
- Submitted EDD claim (state disability, unemployment, etc.)
- Requesting SUPSL be coordinated with EDD benefits, please attach EDD benefits statement
- Requesting full SUPSL hours, EDD claim has been or will be canceled
- Unpaid, did not use accrued hours or submitted an EDD claim

HR USE ONLY:

- HR Items to Verify/Follow Up
- Eligible COVID-19 related absence Eligible Dates Submit Payroll Adjustment Notify EE if denied
- Verified testing results if applicable

 EMPLOYEE SIGNATURE/ HR REPRESENTATIVE

 DATE