

**Sierra County  
Board of Supervisors'  
Agenda Transmittal &  
Record of Proceedings**

<b>MEETING DATE:</b> March 1, 2022	<b>TYPE OF AGENDA ITEM:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Timed <input checked="" type="checkbox"/> Consent
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<b>DEPARTMENT:</b> Personnel <b>APPROVING PARTY:</b> David Prentice <b>PHONE NUMBER:</b> 530-289-2879
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**AGENDA ITEM:** Resolution adopting the 2022 Supplemental Paid Sick Leave Policy.

**SUPPORTIVE DOCUMENTS ATTACHED:**  Memo  Resolution  Agreement  Other

**BACKGROUND INFORMATION:** On February 19, 2022 Senate Bill 114 was signed into law entitling covered employees up to 80 hours of COVID-19 related paid sick leave from January 1, 2022 through September 30, 2022..

**FUNDING SOURCE:** N/A  
**GENERAL FUND IMPACT:** No General Fund Impact  
**OTHER FUND:** N/A  
**AMOUNT:** \$ N/A

**ARE ADDITIONAL PERSONNEL REQUIRED?**  
  
 Yes, -- --  
 No

**IS THIS ITEM ALLOCATED IN THE BUDGET?**  Yes  No  
  
**IS A BUDGET TRANSFER REQUIRED?**  Yes  No

**SPACE BELOW FOR CLERK'S USE**

<p><b>BOARD ACTION:</b></p> <input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended <input type="checkbox"/> Adopted <input type="checkbox"/> Adopted as amended <input type="checkbox"/> Denied <input type="checkbox"/> Other <input type="checkbox"/> No Action Taken	<input type="checkbox"/> Set public hearing For: _____ <input type="checkbox"/> Direction to: _____ <input type="checkbox"/> Referred to: _____ <input type="checkbox"/> Continued to: _____ <input type="checkbox"/> Authorization given to: _____	Resolution 2022- _____ Agreement 2022- _____ Ordinance _____ Vote: Ayes: Noes: Abstain: Absent: <input type="checkbox"/> By Consensus
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**COMMENTS:**

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\_\_\_\_\_  
CLERK TO THE BOARD

\_\_\_\_\_  
DATE

**BOARD OF SUPERVISORS, COUNTY OF SIERRA, STATE OF CALIFORNIA**  
**RESOLUTION ADOPTING THE SIERRA COUNTY**  
**2022 SUPPLEMENTAL PAID SICK LEAVE POLICY**

**Resolution 2022-**

**WHEREAS**, on April 6, 2021, the Board of Supervisors adopted Resolution 2021-039, Sierra County Supplemental Paid Sick Leave Policy.

**WHEREAS**, as on February 19, 2022, Senate Bill 114 was signed into law entitling covered employees up to 80 hours of COVID-19 related paid sick leave from January 1, 2022 through September 30, 2022.

**NOW, THEREFORE, BE IT RESOLVED** that the Sierra County Board of Supervisors, County of Sierra, State of California does hereby adopt the attached Sierra County 2022 Supplemental Paid Sick Leave Policy.

ADOPTED by the Board of Supervisors of the County of Sierra on the 1st day of March 2022, by the following vote:

AYES:  
NOES:  
ABTAIN:  
ABSENT:

COUNTY OF SIERRA

\_\_\_\_\_  
PAUL ROEN, CHAIRMAN  
BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM

\_\_\_\_\_  
HEATHER FOSTER  
CLERK OF THE BOARD

\_\_\_\_\_  
DAVID PRENTICE  
COUNTY COUNSEL



## **ADMINISTRATIVE POLICY AND PROTOCOLS FOR 2022 SUPPLEMENTAL PAID SICK LEAVE**

### **I. PREAMBLE**

The purpose of Senate Bill 114- Supplemental Paid Sick Leave (SPSL) is to provide employees with up to 80 hours of sick leave for certain COVID-19 related reasons from January 1, 2022, through September 30, 2022.

### **II. STATEMENT OF POLICY**

Sierra County will provide eligible employees with leave pursuant to the Senate Bill 114- Supplemental Paid Sick Leave. The following provisions set forth certain rights and obligations with respect to said leave.

### **III. POLICY**

#### ***Section 1. Effective Dates***

The Administrative Policy and protocols for SPSL is retroactively from January 1, 2022 and is set to expire on September 30, 2022. The County will provide the applicable leave to employees who are unable to work or telework due to COVID-19 related reasons.

#### ***Section 2. Qualifying Reasons for 2022 SPSL***

1. The employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer who has jurisdiction over the workplace.

2. The employee has been advised by a health care provider to isolate or quarantine due to COVID-19.
3. The employee is attending an appointment for themselves or a family member to receive a vaccine or a vaccine booster for protection against COVID-19, subject to certain limitations.
4. The employee is experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevents the employee from being able to work or telework.
5. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
6. The employee is caring for a family member who is subject to an order or guidance or who has been advised to isolate or quarantine.
7. The 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. If the employee, or a family member for whom the employee is providing care, tests positive for COVID-19. (Note: employer may condition payment of supplemental paid sick leave for this reason upon the employee providing a positive test for themselves or the family member they are caring for.)

***Section 3. Amount of Supplemental Paid Sick Leave:***

Employees are eligible for potentially up to 80 hours of leave under two different banks.

- **Bank #1:** Employee are entitled to up to 40 hours of COVID-19 SPSL for full time employees based on reasons 1 through 7 listed above.
- **Bank #2:** Employees are entitled up to 40 hours of paid leave for reason number 8 listed above (if they or a family member test positive for COVID-19).

***Section 4. Rate of Pay for Supplemental Paid Sick leave:***

Employees are entitled to SPSL at their regular rate of pay, subject to a cap of \$511.00 per day and \$5,110.00 in the aggregate, if they are unable to work or telework for one of the qualifying reasons in *Section 2*.

***Section 5. Restoration to Prior Position:***

An employee who uses SPSL is entitled to reinstatement to their prior or an equivalent position unless the employees' employment would have ended regardless of whether he or she took leave.

***Section 6. Supplemental Paid Sick Leave is Protected Leave:***

SPSL is considered protected leave when used for the reasons specified in *Section 2*. The County shall not discharge, discipline, or in any manner discriminate against an employee who utilizes SPSL.

***Section 7. Certification of Supplemental Paid Sick Leave:***

An employee who seeks SPSL must complete Attachment A and submit it to the Personnel Department prior to the commencement of the leave or as soon thereafter as practicable.

***Section 8. Retroactive Supplemental Paid Sick Leave:***

If a covered employee took a leave for a qualifying reason as stated in *Section 2* on or after January 1, 2022, but was not paid, the employee has the right to ask for a retroactive payment equal to the paid sick leave amount required under the new law. If the employee used sick, vacation, or another paid leave ("leave") a qualifying reason as stated in *Section 2* on or after January 1, 2022, these leave hours will be restored to their leave banks. For retroactive SPSL, the employee must fill out Attachment A and submit it to the Personnel Department. SPSL will be paid by the payday for the next full pay period after the request is submitted.



# SIERRA COUNTY 2022 SB114 SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM

**Request for 2022 COVID-19 Supplemental Paid Sick Leave (SPSL) (Effective January 1, 2022)**

On February 7, 2022, Governor Gavin Newsom signed into law Senate Bill 114 taking effect on February 19, 2022, and applying retroactively to January 1, 2022. The law is set to expire on September 30, 2022.

**This request is for employees who are unable to work or telework**

To request emergency paid sick leave as provided under SB114, please complete the following request form, and submit it to Judi Behlke @ [jbehlke@sierracounty.ca.gov](mailto:jbehlke@sierracounty.ca.gov).

**Documentation supporting the need for leave must be included as requested**

EMPLOYEE NAME:	
DEPARTMENT:	
MANAGER:	
REQUESTED LEAVE START DATE:	
REQUESTED LEAVE END DATE:	

The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours under Bank # \_\_\_\_\_  
 The amount of emergency paid sick leave being requested is \_\_\_\_\_ hours under Bank # \_\_\_\_\_

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1) I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guideline of the state Department of Public Health, the federal Centers for Disease Control and Prevention (CDC), or a local health officer with jurisdiction over the workplace.  
*The employee can use up to 40 hours for a quarantine or isolation order. If the employee tests positive for COVID-19 they can use up to 80 hours, if needed.*
  
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
*The employee can use up to 40 hours but will need to have a doctor's note stating to self isolate.*
  
- 3) I am attending an appointment to receive a vaccine for protection against COVID-19.  
*Employees may use only three (3) days or 24 hours total per COVID-19 vaccine appointment, which covers time to get the vaccine and recover from side effects. If the employee needs more time, up to 40 hours may be given if the employee presents a doctor's note stating the employee is still experiencing side effects.*

- 5) I am experiencing symptoms related to COVID-19 and am seeking a medical diagnosis.  
*The employee can use up to 40 hours for a quarantine or isolation order. If the employee tests positive for COVID-19 they can use up to 80 hours, if needed.*
  
- 6) I am caring for a family member who is subject to quarantine for isolation orders or has been advised to self-quarantine.  
*The employee can use up to 40 hours for a quarantine or isolation order.*
  
- 7) I am caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19.  
*The employee can use up to 40 hours for a quarantine or isolation order.*
  
- 8) I, or my family member for I am providing care, have tested positive for COVID-19.  
*I have attached proof of my positive test or my family member's test they I am caring for.*

**I have attached appropriate documentation supporting my need for leave.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SIERRA COUNTY 2022 SB114 SUPPLEMENTAL PAID SICK LEAVE REQUEST FORM

I, \_\_\_\_\_ provide the following information in support of my emergency request for paid sick leave (complete all that apply):

### Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: \_\_\_\_\_

### Leave due to a health care provider's advice to self-quarantine

The name of the health care provider advised me or the individual I am caring for to self-quarantine:

Written documentation is available and attached:    Yes    No

Name and relation of the individual who I am needed to care for:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

*Please provide proof of family member's quarantine order or positive test result issued by a qualified Medical Professional.*

### Leave due to a school or place of childcare closed due to COVID-19

Name of school or place of care:

\_\_\_\_\_

Name of child-caregiver unavailable due to concerns related to COVID-19:

\_\_\_\_\_

Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_



No other suitable person is available to care for my child for the requested leave period due to:

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The special circumstances requiring my need for leave to care for a child ages 15-17 are:

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**Leave due to a substantially similar condition specified by the secretary of health and human services**

Provide details regarding the need for this leave:

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I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_