



City of Anaheim – Human Resources Department  
APPROVAL FOR LOCAL PROGRAMS SICK LEAVE (EPSL)

**To be completed by employee and emailed to timekeeper with a cc to supervisor:**

Employee: \_\_\_\_\_ ID: \_\_\_\_\_

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

I am requesting use of Local Program Special Sick Leave (EPSL) due to the following qualifying circumstance:

- 1. I am/was subject to an applicable Federal, State, or local agency isolation order after being identified as a “COVID case” as defined under 8 CCR §3205. **(Employee must attach copy of Notice to Employee with a Confirmed COVID-19 Diagnosis to this request.)**

First day of isolation order: \_\_\_\_\_

- 2. I am/was subject to an applicable Federal, State, or local agency a self-quarantine order related to COVID-19 because I had a “close contact” at work as defined under 8 CCR §3205. **(Employee must attach copy of Notice of Close Contact with an Individual with COVID-19 to this request.)**

First day of quarantine order: \_\_\_\_\_

- 3. I attended an appointment to receive a vaccine that has been FDA approved or has emergency use authorization from the FDA for protection against contracting COVID-19 and have submitted the City’s Employee Self-Attestation of Vaccination Status form.

Dates **AND** hours for requested leave: \_\_\_\_\_

- 4. I experienced symptoms related to receiving a COVID-19 vaccination that prevented me from reporting to work and I have submitted the City’s Employee Self-Attestation of Vaccination Status form.

Dates **AND** hours for requested leave: \_\_\_\_\_

**To be completed by timekeeper and emailed to safetycovidreporting@anaheim.net:**

The above employee has used \_\_\_\_\_ hours of EPSL hours since October 1, 2021 and has \_\_\_\_\_ hours of accrued sick leave available for use.

**To be completed by Risk Management and emailed to HREmployeeRelations@anaheim.net:**

- Employee submitted self-attestation form. (If required for reasons 3 or 4.)
- Employee has not submitted a worker’s compensation claim related to request.
- Employee has a worker’s compensation claim related to request. Claim is: \_\_\_\_\_.

**To be completed by ER and emailed to Payroll:**

Employee is approved to use up to \_\_\_\_\_ EPSL hours for the above circumstance.