

COVID - 19 SUPPLEMENTAL SICK PAID LEAVE (SB-95) REQUEST

Dear Foster Farms,

I am requesting a **total of (Number) hours** of COVID-19 Supplemental Paid Sick Leave (SB-95) for the following reasons:

(DATE) - I left work **(Number) hours** after I received my vaccine at work because I started to feel symptoms. The next day **(DATES)** I took the full **(Number)** work day off.

On **(DATE)**, I started to experience COVID-19 like symptoms, such as fatigue, headaches, chills, and fever. For **(DATE)**, I called in sick because I continued to experience the symptoms. After receiving my negative COVID-19 test result and feeling better on **(DATE)**, I decided to return back to work the next day. I informed my supervisor about this and I was paid only **(Number)** hours of my accrued personal sick leave hours on my paycheck, instead of the SB-95 hours.

I am requesting that my **(Number) hours of personal sick leave hours be reimbursed** on my paystub and that I be paid **(Number) hours** through the Supplemental Sick Paid Leave (SB-95) hours.

Some of the qualifying reasons of Supplemental Sick Paid Leave (SB-95) are:

- 1) Taking time off to get the COVID-19 vaccine and
- 2) Taking time off to recover from a COVID-19 vaccine and
- 3) Having COVID-19 symptoms and seeking a diagnosis

Please let me know if you have questions.

I can be reached at **(phone number)**.

Thank you,

(Name and signature)