



**UPI**  
A United States Steel Company

## Application for 2021 CA COVID-19 Supplemental Paid Sick Leave

Name (please print): \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Title/Position: \_\_\_\_\_ Department \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_

**I am requesting Supplemental Paid Sick Leave because I was, or currently am, unable to work or telework for the following reason(s) (*check all that apply*):**

- A federal, state or local quarantine or isolation period related to COVID-19.
- Advice of a health care provider to self-quarantine due to concerns related to COVID-19.
- Obtaining a medical diagnosis related to COVID-19 symptoms.
- Attending an appointment to receive a vaccine for protection against COVID-19.
- Experiencing symptoms related to a COVID-19 vaccine.
- Caring for a family member who is subject to a quarantine or isolation period or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- Caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

**Date(s) and hours on or after January 1, 2021 for which you are requesting Supplemental Paid Sick Leave:**

Date(s)	Hours	Comments

**Employee Certification:** I certify under penalty of perjury that, to the best of my knowledge and belief, the information provided in this document, including any accompanying statements and documentation, is true, correct and complete.

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

Please return this form to: Mariane Smith, Director of Human Resources  
 900 Loveridge Road, MS 29 -- Pittsburg, CA 94565  
[msmith@ussposco.com](mailto:msmith@ussposco.com) | (925) 439-6159 | (925) 439-6179 FAX

HR Use:

Received \_\_\_\_\_ Approved: \_\_\_\_\_

Notes: \_\_\_\_\_