



PLACER COUNTY
HUMAN RESOURCES DEPARTMENT
COVID-19

Name: Job Classification:
Department: Date(s) of Leave: From To

Employee Certification of Need for Emergency Paid Sick Leave (EPSL)

I acknowledge that I may be eligible as a full time permanent employee for an additional 80 hours of Emergency Paid Sick Leave (pro-rated for part-time permanent employees) at my regular rate of pay if I am unable to work or telework for the following reasons: (Select the reason that best describes your requested absence and submit supporting documentation)

I, certify that I am unable to work (or telework) for one of the following reasons:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
I am experiencing symptoms of COVID-19 (e.g., fever [defined as 100.4° F [37.8° C] or greater using an oral thermometer], coughing, and/or shortness of breath) and seeking a medical diagnosis.
I am caring for an individual (an immediate family member, roommate, or a similar person with whom I have a relationship that creates an expectation that I would care for the person) who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19 order as described above.
Relationship to Individual:
I am caring for my child under 18 years of age whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions, and another suitable individual is not available to provide care (such as a co-parent, co-guardian, or the usual child care provider).
Name of child: Name of school/place of care:
I am experiencing another substantially similar condition specified by the Secretary of Health and the Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

I understand that EPSL days cannot be taken intermittently unless related to school/childcare closure.

I acknowledge that I may not be approved for EPSL without submitting documentation supporting the need to take EPSL. I am submitting with this request a true and correct copy of documentation in support of my need to take EPSL. (Examples: health care provider notes, posted school closure notice or email from place of care)

I understand that availability of EPSL expires on December 31, 2020, and any unused hours are not subject to cash out or payoff at termination, separation or retirement.

I understand that if my circumstances change, I must immediately inform my supervisor and the Placer County Human Resources department, and I may be directed to report back to work (or telework).

Employee Signature: Date:

HRD OFFICIAL USE ONLY: Date Employee Contacted:
Emergency Paid Sick Leave (Eligible Hours: ): Initiated in Workday as of
Effective Date: Pay Period: Initiated By: