



PLACER COUNTY
HUMAN RESOURCES DEPARTMENT
COVID-19

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

Employee Certification of Need for 2021 COVID-19 Paid Sick Leave (CPSL)

I acknowledge that I may be eligible as a full-time employee for an additional 80 hours of 2021 COVID-19 Paid Sick Leave (pro-rated for part-time 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.)

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. The government agency that issued the quarantine or isolation order was:
I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of health care provider:
I am attending an appointment to receive a vaccine for protection against contracting COVID-19. Vaccination Appointment Date: Time:
I am experiencing symptoms related to a COVID-19 vaccine that prevents me from being able to work or telework.
I am experiencing symptoms of COVID-19 (e.g., fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea) and seeking a medical diagnosis.
I am caring for a qualifying family member (child, parent, spouse or registered domestic partner, grandparent, grandchild, or sibling) 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. Relationship to qualifying family member:
My child's classroom in school or place of care has been closed after concern that a person who had been present on the school or daycare premises on or after January 1, 2021, was exposed to, or had contracted, COVID-19. This does not include caring for a child whose school or daycare was closed before January 1, 2021. If the school or daycare was closed on or after January 1, 2021, it must have been due to a closure, or partial closure, making the care unavailable due to COVID-19 on the premises. Name of child: Name of school/place of care: Date(s) of closure:
I have been exposed to a positive COVID-19 case at work and excluded from the workplace pursuant to the Cal/OSHA Emergency Temporary Standards (3205 (C)(10) "COVID-19 Regulations").

I understand that I may need to provide supporting documentation before being paid for CPSL.

I understand that availability of CPSL expires on September 30, 2021, and any unused hours are not subject to cash out or payoff at termination, separation or retirement.

Employee/Representative Signature: Date:

HRD OFFICIAL USE ONLY: Date Employee Notified:
COVID-19 Paid Sick Leave (Eligible Hours: ) Initiated in Workday as of
Effective Date: Pay Period: Initiated By: