



PLACER COUNTY
HUMAN RESOURCES DEPARTMENT
COVID-19

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

Employee Certification of Need for 2022 COVID-19 Paid Sick Leave (CPSL)

I acknowledge that as a full-time employee, I may be eligible for up to 40 hours of 2022 COVID-19 Paid Sick Leave #1 (pro-rated for part-time employees); as well as up to 40 hours of 2022 COVID-19 Paid Sick Leave #2 if I, or a qualifying family member who requires my care, tests positive for COVID-19, and I am unable to work or telework.

(Select the one reason that best describes your requested absence.)

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

COVID-19 Paid Sick Leave #1:

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 for myself or a qualifying family member* to receive a vaccination or vaccine booster for protection against contracting COVID-19. (Restrictions regarding # of hours available per qualifying person/per instance apply)

Vaccination Appointment is for Self Qualifying Family Member

Relationship to qualifying family member (if applicable):

Vaccination Appointment Date: Time:

I am experiencing symptoms, or providing care for a qualifying family member* who is experiencing symptoms, related to a COVID-19 vaccination or vaccine booster that prevents me from being able to work or telework. (Restrictions regarding # of hours available per qualifying person/per instance apply)

Individual experiencing symptoms is Self Qualifying Family Member

Relationship to qualifying family member (if applicable):

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 providing care for a qualifying family member* 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:

I am providing care for my child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

Name of child: Name of school/place of care:

Date(s) of closure:

**PLACER COUNTY
HUMAN RESOURCES DEPARTMENT
COVID-19**

Employee Request for 2022 COVID-19 Paid Sick Leave

Page 2

COVID-19 Paid Sick Leave #2:

I have tested positive for COVID-19 following a diagnostic test.

I acknowledge that I may be required to submit to another diagnostic test administered and/or provided by Placer County, on or after the fifth day following my initial positive test results, and provide documentation of those results to Human Resources in order to remain eligible for CPSL hours.

Date of diagnostic test with positive results: _____

I have attached the required documentation (such as a print out, text, or email from testing facility indicating positive test results). *Valid results must include your full name, date of test, and results.*

I am providing care for a qualifying family member* who has tested positive for COVID-19 following a diagnostic test.

Date of diagnostic test with positive results: _____

Relationship to qualifying family member: _____

I have attached the required documentation (such as a print out, text, or email from testing facility indicating positive test results). *Valid results must include the full name, date of test, and results.*

**Qualifying family members include a child, parent, spouse or registered domestic partner, grandparent, grandchild, or sibling.*

By completing and submitting this form, I acknowledge that the availability of CPSL expires on December 31, 2022, and any unused hours are not subject to cash out or payoff at termination, separation or retirement.

Employee/Representative Signature: _____

Date: _____

To submit your request for CPSL Time Off – send your completed and signed form to the Human Resources Department along with any required supporting documentation (if applicable). Send electronic requests to CPSLRequests@placer.ca.gov. Email subject lines should include your department, first and last name. **Do not submit your request forms directly to your department.**