

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

Employee Certification

FFCRA Paid Emergency Sick Leave (v. 3/31/2020)

Employee Name:	Campus:	Employee ID:
Proposed first day of leave:	Proposed return to work date:	

Employee Certification:

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

- _____ 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID19.
- _____ 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- _____ 3. 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.
- _____ 4. I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Relationship to individual

- _____ 5. I am caring for my child whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions. **Must attach proof of closure due to the COVID-19 emergency, such as an email notice of closure, webpage posting, or other similar documentation.**
- _____ 6. I am experiencing another substantially similar condition as specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

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

____ NO

____ YES - please indicate the sequence in which leave banks are to be exhausted as 1st, 2nd, 3rd, etc.:

____ Sick Leave

____ Vacation Leave ____ Earned Compensatory Time Off ____ Floating Holiday Leave

Date _____

Explain: _____

Date

Date _____

HR Approval : _____

Signature _____ Date _____