

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

Employee Certification

FFCRA Family and Medical Leave Act (FMLA) Expansion

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

Certification:

I certify that I have a child who is under the age of 18, whose school or place of care has been closed, or whose childcare provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority. Due to the need to care for my child, I am unable to work (or telework). I understand that if my childcare needs change, I must immediately inform my supervisor, and I may be directed to report back to work (or telework).

I have attached proof of facility closure due to the COVID-19 emergency, such as a notice of closure or unavailability from my child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed from an employee or official of the school, place of care, or child care provider.

I would like to use my leave banks to supplement the FFCRA FMLA Expansion 2/3 pay to receive 100% pay during my leave:

____ NO

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

____ Sick Leave

Classified Employees:

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

Employee Signature

Phone Number

Date

SUPERVISOR/MANAGER:

Is telework available for this employee: ____YES ____NO – Explain: _____

The absence of this employee will cause stoppage of essential Campus/District services:

____YES ____NO

Explain if YES: _____

Supervisor Signature

Phone Number

Date

President (or Designee)

Phone Number

Date

ONCE SIGNED, PLEASE SCAN/EMAIL THIS FORM TO: hrtech@vcccd.edu

HR Approval : _____
Signature Date