



Employee Certification of Need for Paid Emergency Sick Leave

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 COVID-19. **(USE PAYROLL CODE FF1)**
2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. **(USE PAYROLL CODE FF1)**
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. **(USE PAYROLL CODE FF1)**
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 _____ . **(USE PAYROLL CODE FF2)**
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. **(USE PAYROLL CODE FF3)**
6. I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. **(USE PAYROLL CODE FF2)**

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

Employee Signature

Date

Supervisor Signature

Date

Please provide documentation to support the reason for paid emergency sick leave and return to Personnel2@ci.pittsburg.ca.us