



Employee Certification of Need for Emergency Paid Sick Leave

Please complete form and attach documentation (if available) to support reason for emergency paid sick leave. Submit form to your supervisor for approval. Once approved and reviewed by Human Resources, you will receive a confirmation email with the payroll code to use for your timesheet.

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

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
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.
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.

Pay Entitlements

Up to two weeks (80 hours or a part-time employee's two week equivalent) of paid sick leave.

- Reasons 1-3: Pays 100%, up to \$511 daily
- Reasons 4 & 6: Pays 2/3, up to \$200 daily
- Reason 5: Pays 2/3 up to \$200 daily

If your pay (w/incentives) will exceed the daily limit above, designate leave accruals to supplement (i.e. sick, vacation, comp time, or other). 1st _____ 2nd _____ 3rd _____ 4th _____

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 / Print Name

Date

If you are an Emergency Responder requesting to take leave for Reasons 4-6, this request will require department director and City Manager approval. For additional information, please review Admin Order: <http://www.ci.pittsburg.ca.us/Modules/ShowDocument.aspx?documentid=11856>

Department Director

Date

City Manager

Date

[PLEASE EMAIL FORM TO GCLIFT@CI.PITTSBURG.CA.US](mailto:GCLIFT@CI.PITTSBURG.CA.US)

REVIEWED BY HR