

Los Rios Community College District

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:

Subject to 80 hours of paid sick leave (up to \$511 per day and \$5,110 in total):

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

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

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.

Subject to 80 hours of paid sick leave at 2/3 pay (up to \$200 per day and \$2,000 in total):

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 _____

I am caring for my child whose school or place of care has been closed, or whose child care provider is unavailable, due to COVID-19 precautions.

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.

1. I request to take this leave from: _____ to _____.
(beginning date) (ending date)

2. I understand that these leave dates must be consistent with those reported on my absence report(s).

3. I understand that I may be paid in full or at 2/3 of my regular pay rate, depending upon the reason for the leave. My pay may need to be adjusted on a future payroll, depending upon date received.

If I am not going to be paid in full, I wish to utilize my applicable paid leaves to offset the 2/3 of my pay. Employee Benefits may reach out to me to determine if I have sufficient leaves available to use. Final determination of the availability of leaves will be made by Employee Benefits. I understand that insufficient leaves will result in a loss of pay.

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

