

EMPLOYEE CERTIFICATION FOR LEAVE UNDER SB 114

I certify that I am unable to work or telework for the reason indicated below (please check only one):

1. I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidance of the State Department of Public Health, the federal Centers for Disease Control and Prevention, or a local public health officer who has jurisdiction over the workplace.

Name of the agency that issued the order: _____

2. I have been advised by a health care provider to isolate or quarantine due to COVID-19.

Name of the health care provider: _____

3. To attend an appointment for myself or a family member to receive a COVID-19 vaccine or booster.

4. I am experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or booster.

5. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

6. I am caring for a family member who is subject to quarantine or isolation as described in reason 1 or 2.

My relationship to the individual: _____

Name of the government agency or healthcare provider: _____

7. I am caring for my child, whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises.

Name of child: _____

Name of school, place of care, or care provider: _____

Date COVID-19 was on the premises: _____

For the reason indicated above, I am unable to work or telework during the times indicated below:

First day of Leave - Date: _____ Last day of leave - Date: _____

I intend to take leave intermittently (see restrictions below)

By signing below, I submit this certification for SB114 leave and affirm my understanding of the following:

- Leave taken under SB114 is capped at 80 hours.¹
- Leave taken under SB114 is subject to a pay cap of up to \$511 per day and \$5,110 in the aggregate.
- Leave under SB114 may only be used intermittently where both the employer and employee agree. And to take intermittent leave I must propose an intermittent schedule to my department for approval.
- If I am telecommuting, leave under SB114 may be used intermittently for any reason. However, if I am not telecommuting, leave taken under SB114 may only be used intermittently for reason #7.
- Leave benefits under SB114 are retroactive to January 1, 2022 and expire on September 30, 2022.

Employee _____
Print name

Sign

Date

¹ Subject to special rules for Firefighters

**EMPLOYER CERTIFICATION FOR LEAVE
UNDER SB-114**

(Completed by Human Resources)

SB114 Leave Certification Forms and any other documentation related to the request must be retained for 4 years regardless of whether leave is granted or denied.

Request for SB114 Leave Approved:

Yes

No

Dates Approved:

First day of Leave

Last day of leave

NOTES:

Human Resources Director or Designee

Print name

Sign

Date