## **EMPLOYEE CERTIFICATION FOR LEAVE UNDER SEIU 1021 AGREEMENT**

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 the State Department of Public Health public health officer who has jurisdiction	the federal Centers for Dise			
	Name of the agency that issued the ord	ler:			
[] 2.	I have been advised by a health care p	rovider to isolate or quarantine	e due to COVID-19.		
	Name of the health care provider:				
[]3.	To attend an appointment for myself or	intment 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-vaccine or booster.				
[]5.	I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.				
[]6.	6. I am caring for a family member who is subject to quarantine or isolation as described in reaso				
	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	e reason indicated above, I am unable to	work or telework during the ti	mes indicated below:		
[]	First day of Leave - Date:	Last day of leav	re - Date:		
[]	I intend to take leave intermittently (see	restrictions below)			
By sigr	ning below, I submit this certification for S	SEIU 1021 Covid leave and af	firm my understanding of the following:		
•	The SEIU Bargaining Agreement grants benefit of five (5) days (1 workweek) of Part time employees (SB1, SC1, SD1) based on their schedule.  This benefit is available starting Januar This leave may only be used intermitter intermittent leave I must propose an intermittent leave I must propose an intermittent of I am telecommuting, leave under the However, if I am not telecommuting, leave benefits under the SEIU Bargain	additional Covid leave. in a paid status on January 1, y 1, 2023 and will expire at 11 ntly where both the employer a ermittent schedule to my depa Bargaining Agreement may be ave taken may only be used in	2023 will receive Covid leave pro-rata :59 PM on March 31, 2023. and employee agree. And to take artment for approval. e used intermittently for any reason. itermittently for reason #7.		
Emplo	pyee Print name	Sign	 Date		

Employee ID#:\_\_\_\_\_

## EMPLOYER CERTIFICATION FOR LEAVE SEIU 1021 AGREEMENT

(Completed by Human Resources)

SEIU 1021 Agreement 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 SEIU 10	21 Agreement Leave Approved:	Yes	No	
Dates Approved:	First day of Leave	Last day of	f leave	
NOTES:				
Human Resources D	irector or Designee			
Print name	 Sign	<del>-</del>	Date	