EMPLOYEE CERTIFICATION FOR LEAVE UNDER AB 152

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 sign	ing below, I submit this certification for AB152 leave and affirm my understanding of the following:				
•	AB152 provides no additional SPSL allotment. Rather eligible employees may utilize remaining SB114 leave balances through December 31, 2022. Combined leave under AB152 and SB114 is capped at 80 hours. Combined leave under AB152 and SB114 is subject to a pay cap of \$511 per day and \$5,110 in aggregate. Leave under AB152 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 AB152 may be used intermittently for any reason. However, if I am not telecommuting, leave taken under AB152 may only be used intermittently for reason #7. Leave benefits under AB152 are retroactive to January 1, 2022 and expire on December 31, 2022.				
Emplo	vee				
	Print name Sign Date				
	Employee ID#:				

¹ Subject to special rules for Firefighters

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(Completed by Human Resources)

AB152 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 AB152	Leave Approved:	Yes	No	
Dates Approved:	First day of Leave	Last day o	f leave	
NOTES:				
Human Resources I	Director or Designee			
Print name	 Sign		Date	-