

**EMPLOYEE CERTIFICATION FOR LEAVE
UNDER SB95**

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

1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Name of the government agency that issued the order: _____
2. A health care provider advised me to self-quarantine due to concerns related to COVID-19.
Name of the health care provider: _____
3. Due to an appointment to receive a COVID-19 vaccine.
4. I am experiencing one or more symptoms related to a COVID-19 vaccine.
5. I am experiencing one or more COVID-19 symptoms and I am seeking a medical diagnosis. Once I receive a diagnosis, I may continue using SB95 leave only if I submit a new certification.
6. I need to care for an individual who is subject to a Federal, State, or local quarantine or isolation order or an individual who was advised by a health care provider to self-quarantine due to reasons related to COVID-19.
My relationship to the individual: _____
Name of the government agency or healthcare provider: _____
7. I need to care for my child who is a minor, or who is incapable of self-care due to a disability, and whose school or care-provider is closed or otherwise unavailable on the premises due to COVID-19 precautions.
Name of child: _____
Name of school, place of care, or care provider: _____
Reason care is unavailable: _____

I intend to take leave intermittently.

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

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

By signing below, I submit this certification for SB95 leave and affirm my understanding of the following:

- Leave taken under SB95 is capped at 80 hours.¹
- Leave taken under SB95 is subject to a pay cap of up to \$511 per day and \$5,110 in the aggregate.
- Leave under SB95 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 SB95 may be used intermittently for any reason. However, if I am not telecommuting, leave taken under SB95 may only be used intermittently for reason #7.
- If my circumstances change, I must immediately inform my supervisor and I may be directed to report back to work or to telework.

Employee _____
Print name

Sign

Date

¹ Subject to special rules for Firefighters

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(Completed by Human Resources)

SB95 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 SB95 Leave Approved:

Yes

No

Dates Approved:

First day of Leave

Last day of leave

NOTES:

Human Resources Director or Designee

Print name

Sign

Date