



**Human Resources
Department**

EMPLOYEE CERTIFICATION OF NEED FOR PAID EMERGENCY SICK LEAVE

I, _____, certify that I am unable to work (or telework) for my entire or partial work schedule for one of the following reasons (check one and provide documentation to support your leave request):

_____ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 and am unable to telework and/or have not be scheduled to work in an essential assignment.

_____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 and am unable to telework due to _____.

_____ 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.

_____ 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. (You may also be eligible and apply separately for Emergency Family & Medical Leave for this reason)

_____ 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.

Date(s) of leave is/are from _____ to _____

Estimated part-time or reduced schedule _____ days per week from (date) _____ through _____.

I understand I may supplement this paid leave with my accruals in order to receive a full paycheck. Also, that if my circumstances change, I must immediately inform my supervisor and the City of Foster City and I may be directed to report back to work (or telework).

Employee Signature Date

Approved Denied _____
Supervisor Signature Department Date

Approved Denied _____
Human Resources Signature Date