



County of Santa Barbara

Attestation Form for Emergency Leave Related to COVID-19

This form must be completed by an employee requesting emergency paid sick or family leave under County Policy and/or the Federal Families First Coronavirus Response Act (PTL and/or XFL) for absences from work related to the declared emergency novel Coronavirus (COVID-19) outbreak.

Employee Name (Print) _____ **Employee ID #:** _____

Department: _____ **Hire Date:** _____

Expected period of absence: _____ **Total Hours requested:** _____
 Must be between March 23, 2020 and December 31, 2020:

Attestation:

Employee’s signature on this form attests to the following:

All hours requested above are for the pay period dates of _____ to _____.

For employees unable to work (or telework) whose absence is directly related to COVID-19 (check at least one):

PTL – Paid Time Leave (*beginning pay period 2020-08 March 23, 2020*) (*reasons 5 and 7 may both be utilized*)

- 1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- 2) The employee is advised by a health care provider to self-quarantine due to concerns related to COVID-19;
- 3) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis from a healthcare provider;
- 4) The employee is caring for an individual who is subject to an order in 1) or has been directed as in 2);
- 5) The employee is caring for his/her son or daughter whose school or place of care of the son or daughter is closed, or the child care provider of the son or daughter is unavailable due to COVID-19; and no other suitable child care is available;
- 6) The employee has a 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.

XFL – Emergency Family Leave (*Emergency FMLA Expansion Act*)

(*Beginning April 01, 2020 assuming all eligibility requirements are met.*)

- 7) The employee is caring for his/her son or daughter whose school or place of care of the son or daughter is closed, or the child care provider of the son or daughter is unavailable due to COVID-19; and no other suitable child care is available.

I certify my spouse/ partner/ child’s parent in another County position is not claiming PTL or XFL for the same hours that I am. My child’s school was closed from _____ to _____.

NOTE: In response to COVID-19, Departments and the County of Santa Barbara have activated their Continuity of Operations of Plan (COOP). Consistent with all applicable laws, approval of time off is subject to maintaining the essential operational needs of your Department and the County of Santa Barbara.

All signatures on page 2 are required.



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Authorizations:

I agree that by receiving the authorization of PTL, and XFL hours for the timeframe stated on this attestation, the County has fulfilled its payment obligations under the "Families First Coronavirus Response Act" (H.R. 6201) detailed in the "Emergency Paid Sick Leave Act" and "Emergency Family and Medical Leave Expansion Act".

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

DPA / Dept HR approval certifies employee eligibility and that the required documentation of the reason for leave is maintained at the department to justify PTL hours granted and/or XFL hours coded on the timesheet(s).

DPA / Dept HR Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

*County Human Resources: _____ Date: _____

***County HR Authorization required for PTL only, XFL attestations shall be maintained only at the department level.**

The Auditor-Controller expects the integrity of all persons required to sign this form to use their best judgment in approving County funds to be used for salaries and benefits for time not worked. Granting these balances without a bonafide reason is a gift of public funds. **The department shall maintain this attestation and all documentation received on file as backup to authorize the hours coded on employee timesheet(s).**

Documentation of need for leave (per 29 CFR § 826.100) (Must be retained for four years.)

1. An Employee is required to provide the Employer documentation containing the following information prior to taking Paid Sick Leave under the EPSLA or Expanded Family and Medical Leave under the EFMLEA:
 - a. Employee's name;
 - b. Date(s) for which leave is requested;
 - c. Qualifying reason for the leave; and
 - d. Oral or written statement that the Employee is unable to work because of the qualified reason for leave.
2. To take Paid Sick Leave for reason (2) above an Employee must provide the Employer with the name of the health care provider who advised the Employee to self-quarantine due to concerns related to COVID-19.
3. To take Paid Sick Leave for reason (4) above an Employee must additionally provide the Employer with the name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19.
4. To take Paid Sick Leave for a qualifying COVID-19 related reason under § 826.20(a)(1)(v) or Expanded Family and Medical Leave, an Employee must additionally provide:
 - a. The name of the Son or Daughter being cared for;
 - b. The name of the School, Place of Care, or Child Care Provider that has closed or become unavailable; and
 - c. A representation that no other suitable person will be caring for the Son or Daughter during the period for which the Employee takes Paid Sick Leave or Expanded Family and Medical Leave.