



City of Palm Springs Certification For Coronavirus (COVID-19) Related Leave

I, _____, certify that I am unable to work (or telework) and requesting leave for one of the following reasons:

- I am subject to a Federal, State of California, or local quarantine or isolation order related to COVID-19. *Current orders do not apply to government essential employees and those required for duty as disaster service workers.*

Provide quarantine or isolation order reason

- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. *Attach a copy of your health care provider's order of self-quarantine. If health care provider order is not available upon submission of form, please provide the name and contact information for the provider, and provide a copy of the order as soon as available.*

Name and Contact Information for Health Care Provider

- 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 of California, or local quarantine or isolation order related to COVID-19 or 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(ren) whose school or place of care had been closed, or whose childcare provider is unavailable, due to COVID-19 precautions.

Name and Age(s) of Child(ren)

Name of School/Child Care Provider

- I certify that no other person will be providing care for my child(ren) during the period for which I am receiving Family Medical Leave. If my child(ren) are older than fourteen (14), special circumstances exist requiring I provide care.
- 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.

I understand that if my circumstances change, I must immediately inform my supervisor and the City, and I may be directed to report back to work (or telework).

Employee Signature

Date

Please send completed form to Human Resources and complete the appropriate leave request form.