City of SACRAMENTO
Department of Human Resources

Employee Self-Certification of Need for Emergency Paid Sick Leave
(Reasons 2, 3, 4, & 6)

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

☐	2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
☐	2a. I have been tested for COVID-19. Name of health care provider: _____
☐	3. I am experiencing symptoms of COVID-19 (e.g., fever [defined as 100° F or greater using an oral thermometer], coughing, and/or shortness of breath) and seeking a medical diagnosis. Name of healthcare provider: _____ Please provide steps taken to obtain diagnosis and treatment:
☐	4. 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. ***"Individual"*** *means the employee's immediate family member, a person who regularly resides in the employee's home, or a similar person with whom the employee has a relationship that creates an expectation that the Employee would care for the person if he or she were quarantined or self-quarantined.* Relationship to individual: _____ Name of individual's health care provider: _____
☐	6. 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).

_____ _____
Signature Date