



COUNTY OF SAN MATEO

REQUEST EXTENSION OF LEAVE FOR County of San Mateo COVID-19 Emergency Sick Leave Policy

Any employee, including extra-help, who is unable to work due to their own laboratory confirmed COVID-19 illness shall utilize their eighty (80) hours of federal Families First Coronavirus Response Act (FFCRA) emergency paid sick leave. If necessary, the County will grant an additional forty (40) hours of COVID 19 Sick Leave Hours upon certification from a Healthcare provider of the need for additional time due to the employee's own laboratory confirmed COVID 19.

EMPLOYEE INFORMATION

Name: _____ Employee ID #: _____ Phone: _____

Department: _____ Division: _____

ADDITIONAL EMERGENCY COVID-19 SICK LEAVE REQUEST & ABSENCE DATES

I am hereby requesting an additional ___ hours of Emergency COVID-19 Sick Leave due to my own laboratory confirmed COVID-19 pursuant to the County of San Mateo COVID-19 Emergency Sick Leave Policy.

Please email documentation from your health care provider supporting the request for additional hours to Leila Totah in Risk Management at ltotah@smcgov.org.

Please provide the dates of leave that you are requesting:

40 Hour Extension #1: From: _____ To: _____

I used the initial 80 hours of FFCRA Emergency COVID-19 Paid Sick Leave from _____ to _____ for the following reasons: (check all that apply)

- I was subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- I was advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I was experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I was caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- I was caring for my child (under 18 years of age or an adult with a mental or physical disability who is incapable of self-care because of that disability) whose school or place of care has been closed, or the child's child-care provider is unavailable, due to COVID-19 precautions.

ACKNOWLEDGEMENT

I UNDERSTAND THAT LEAVE TAKEN AS A RESULT OF THE COVID-19 PUBLIC HEALTH CRISIS FOR WHICH I RECEIVE PAID LEAVE UNDER THE FFCRA OR COUNTY POLICY WILL BE COUNTED AGAINST MY ENTITLEMENTS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE WILL RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

SIGNATURE: _____ DATE: _____

APPROVAL

SIGNATURE: _____ DATE: _____
Manager or Department Head Approval

APPROVED COMMENTS: _____

REJECTED

SIGNATURE: _____ DATE: _____
*County Manager or Designee's Approval**

Submission Instructions: Fill out this form completely, sign, and provide copies of the form to your Manager and Department Payroll Specialist. Department Payroll Specialist will email approved form to Leila Totah at ltotah@smcgov.org.

*: County Manager's email approval to Leila Totah in Risk Management can be used in lieu of signature on the form.