COUNTY OF VENTURA

Natural Disaster Attestation Form

This form should be completed by any employee whose absence from work during the period of March 4, 2020, through April 4, 2020, was directly related to the COVID-19 crisis per the Board of Supervisor's Resolution dated March 24, 2020.

Employee Name:	
Agency/Division:	
Dates Absent from Work:	
Total Hours Absent from Work (maximum 80 hours):	
Leave of absence was directly related to the COVID-19 cri	isis, due to (choose one or more):
☐ Quarantine in the event of a high-risk exposure to Control and Prevention (CDC)) or exhibiting COV	COVID-19 (as defined by the U.S. Centers for Disease ID-19 symptoms.
☐ COVID-19 illness.	
☐ Necessity to care for a dependent with COVID-19	illness.
☐ Necessity to care for a minor child if the child's sel	hool or place of care has been closed.
☐ Direction from agency/department.	
 Local/state emergency orders to remain at home due to: Age 75 or older, or age 70 or older and with an underlying health condition. 	
☐ Other (explain below).	
Explanation:	
My signature on this form attests that all hours reported abovere directly related to the natural disaster set forth by the at my regular rate of pay for the period of absence utilizing by receiving my regular rate of pay for the above noted Date obligations under the Families First Coronavirus Respons Leave and Emergency Paid Sick Leave provisions.	Board of Supervisors on March 24, 2020. I shall be paid g the appropriate Natural Disaster time code. I agree that as Absent from Work, the County has fulfilled its payment
Employee Signature:	Date:
Supervisor Signature:	Date:
*Agency/Dept. Head:	Date:
*Requires approval of the Agency/Department Head prior to processing.	

Completed and signed form must be submitted to CEO-Human Resources L#1970.