

COUNTY OF VENTURA

Natural Disaster Attestation Form (Effective April 19, 2020)

This form should be completed by any employee whose absence from work beginning April 19, 2020, through the end of the declared COVID-19 emergency, was directly related to the COVID-19 crisis per the Board of Supervisors' Resolution dated April 21, 2020.

If your absence from work/telework is more than three (3) consecutive workdays, you must also complete a Leave of Absence Request form, available on the CEO-HR/Benefits website at <https://hr.ventura.org/benefits>. For additional benefits and resources available to you during this time, please refer to the CEO-HR/Benefits COVID website at <https://hr.ventura.org/benefits/COVID19>.

Employee Name: _____

Employee ID Number: _____

Agency/Division: _____

Dates Absent from Work: _____

Total Hours Absent from Work (40 hours maximum): _____

Leave of absence was directly related to the COVID-19 crisis, due to (choose one or more):

- Quarantine in the event of a high-risk exposure to COVID-19 (as defined by the U.S. Centers for Disease Control and Prevention (CDC)) or exhibiting COVID-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 school or place of care has been closed.

Name(s) and Age(s) of Child(ren): _____

Name(s) of School(s)/Place(s) of Care: _____

- 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.
 - Underlying health condition that increases vulnerability to COVID-19 illness.
- Other (explain below).

Explanation: _____

** Must provide written documentation from a health care provider. If not currently available, the employee must provide as soon as it is available. If supporting documentation is not submitted, authorized Natural Disaster pay may be reversed.*

My signature on this form attests that all hours reported above for the period beginning April 19, 2020, through the end of the declared COVID-19 emergency, were directly related to the natural disaster set forth by the Board of Supervisors on April 21, 2020. I shall be paid at my regular rate of pay for the period of absence utilizing the appropriate Natural Disaster time code. I agree that by receiving my regular rate of pay for the above-noted Dates Absent from Work, the County may have partially fulfilled its payment obligations under the Families First Coronavirus Response Act detailed in the Family Public Health Emergency Leave and Emergency Paid Sick Leave provisions.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Agency/Dept. Head: _____ Date: _____

Requires approval of the Agency/Department Head prior to processing.
Submit completed and signed form to CEO-Human Resources L#1970.