

# COUNTY OF VENTURA

## Natural Disaster Attestation Form

This form should be completed by any employee whose absence from work during the period of November 6, 2024, through the end of the declared natural disaster, was directly related to the Mountain Fire natural disaster declared by the Resolution of the Board of Supervisors adopted on November 12, 2024.

Employee Name: \_\_\_\_\_ ID: \_\_\_\_\_

Agency/Division: \_\_\_\_\_

Dates Absent from work: \_\_\_\_\_

Total Hours Absent from Work: \_\_\_\_\_

Reason for Leave (only one can be selected):

- Absence was directly related to the fire (maximum 24 hours).
- Absence was due to the fact that my personal residence was destroyed or suffered significant damage by the fire (maximum 80 hours).

Explanation: \_\_\_\_\_

\_\_\_\_\_

My signature on this form attests that all hours reported above for the period November 6, 2024, through the end of the declared Mountain Fire natural disaster, were directly related to the natural disaster as adopted by Resolution of the Board of Supervisors on November 12, 2024. I shall be paid at my regular rate of pay for the period of absence utilizing the appropriate Natural Disaster code.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Agency/Dept. Head Name: \_\_\_\_\_

\*Agency/Dept. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Requires approval of the Agency/Department Head prior to processing.*

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

Updated 11/20/2024