

COUNTY OF VENTURA

COVID-19 Attestation for Alternate Schedule (Effective September 1, 2020)

This form must be completed by County of Ventura employees requesting an alternate work schedule: a) in order to provide child care for their dependent minor child/ren during the employee's normal scheduled work hours because the child/ren's school or place of care has been closed due to the COVID-19 pandemic; or b) because the employee cannot telework during regular business hours because of the nature of the work function.

The period of eligibility for requesting an alternate schedule begins on September 1, 2020.

For additional benefits and resources available to County of Ventura employees during the COVID-19 pandemic, please refer to the CEO-HR/Benefits COVID-19 website at <https://hr.ventura.org/benefits/COVID19>.

Employee Name: _____

Employee ID Number: _____

Agency/Division: _____

Alternate Schedule Requested: _____

Dates Alternate Schedule Requested: _____

Explanation: _____

By signing this form, I agree and understand that this alternate work schedule is subject to the approval and discretion of the Agency/Department Head, is temporary and that the Agency/Department reserves the right to modify or suspend the alternate work schedule due to Agency/Department operational needs.

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.