

Certification for Requesting COVID-19 Paid Sick Leave
And/or Expanded Family and Medical Leave

Employee Name: _____ Date: _____
Employee Email: _____ Cell Phone: _____

Leave Certification Questions:

- Have you been employed at least thirty days: Yes ☐ No ☐
 - Please check the appropriate qualifying reason(s) below that bests reflects why you are requesting leave:
 - ☐ 1. I am subject to a federal, state or local quarantine or isolation order related to COVID-19;
 - ☐ 2. I have been advised by a health care advisor to self-quarantine due to COVID-19 concerns;
 - ☐ 3. I am experiencing COVID-19 symptoms and seeking medical diagnosis;
 - ☐ 4. I need to care for an individual subject to a federal, state or local quarantine or isolation order, or who was advised by a health care provider to self-quarantine due to COVID-19 concerns.
 - ☐ 5. I need to care for my child because my child's school or place of care is closed, or the child's care provider is unavailable due to public health emergency, or;
 - ☐ 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the secretary of Treasury and the Secretary of Labor.
- Please note that there are no "substantially similar conditions" specified at this time by the Secretary of Health and the Secretary of Labor.**
- Are you unable to work or telework for the reason(s) listed above? Yes ☐ No ☐
 - If you are requesting leave based on #1, 2 and/or 4, provide below the name of the government entity ordering quarantine or isolation, or the name of the health care provider advising self-quarantine. If the person subject to quarantine or advised to self-quarantine is someone other than you, provide that person's name and relation to you. Please attach the health care provider's written recommendation for #2 or #4. Provide the federal, state or local quarantine or isolation order for #1.
 - If you are requesting leave based on #3, please provide the symptom(s) you are experiencing and the affirmative steps (and dates of such steps) you are taking to obtain a medical diagnosis. Please provide that notice as soon as possible.
 - If you are requesting leave based on #5, provide the information requested in each of the next three inquiries:
 - a) Provide the name and age of the child (or children) to be cared for; the name of the school that has closed or place of care that is unavailable.
 - b) Do you represent that no care provider is available or other person will be providing care for the child during the period for which you are receiving leave under #5.
 - c) If any child (or children) is older than fourteen (14), explain the special circumstances that exist requiring you to provide such care.
 - What date do you intend to: Begin your leave? _____ End your leave? _____

CERTIFICATION

I certify that the information above is true and accurate to the best of my knowledge, and that I will provide all necessary documentation requested by my employer.

Employee Signature

Date

FOR OFFICE USE ONLY

List the Actual Hours, Date and Wage Paid for Sick Leave:		
Date of Sick Leave	Number of Hours of Sick Leave	Gross wage Paid

List the Actual Hours (if intermittent leave), Starting/Ending Date of the Week and Wages Paid for EFMLEA Leave		
Starting/Ending Date of Week	Intermittent Leave Hours (if applicable)	Gross Wage Paid

State below the content of any conversations with the employee requesting the COVID-19 Sick Leave or EFMLA leave:

