

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 for at least 30 days: Yes No
- Please check the appropriate qualifying reason(s) below that best 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 provider 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 the 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 the 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) checked above? Yes No
- If you are requesting leave based on #1, 2 and/or 4, provide below the name of the governmental 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 attached 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, such as making, waiting for or attending an appointment for a test of COVID-19. If you 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 and other person will be providing care for the child during the period for which you are receiving leave under #5: Yes No
 - 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:
