



COVID-19 SCHOOL/CHILD CARE CLOSURE/UNAVAILABILITY CERTIFICATION FORM

This form should be completed by the employee and submitted to the employee’s supervisor or agency personnel division. The purpose of this form is to determine whether or not the employee qualifies for federal paid sick leave or emergency family and medical leave pursuant to the Families First Coronavirus Response Act. The number listed beside the eligibility criteria corresponds to the number listed in the detailed memo sent on March 27, 2020 from the State Personnel Director. Please remember that employees using this leave must use their accrued annual leave or compensatory time concurrently with FMLA+ leave after the initial two weeks (80 hours). **As an employee attesting to eligibility for leave, please check all that apply:**

(#5) I have a son or daughter under 18 years of age. Due to the current public health emergency, my child’s school or place of care has been closed, or my childcare provider is unavailable, and I am unable to work or telework due to a need for leave to care for my child. I request to begin leave on the following date:

_____.

I attest that my son(s) or daughter(s) is/are under 18 years of age. Please include the age(s) and name(s):

I attest that my child’s or children’s school or child care provider has been closed, or my child care provider is unavailable due to a public health emergency. Please include name/address of school/provider:

I attest that I am unable to work or telework due to a need for leave to care for my son(s) and/or daughter(s) and am the sole provider of care during this time and have no other person that can assist in my child’s care.

I am choosing to use the first 80 hours of leave under the federal Emergency Paid Sick Leave Act (EPSL) which will allow me to remain in full pay status without affecting my accrued leave or compensatory time.

Rather than using the EPSL, I am choosing to use my accrued annual leave/compensatory time (circle one) for the initial two weeks (80 hours) of this leave.

I certify the truth and veracity of the above attestations and that I have made a reasonable inquiry to confirm the accuracy thereof. I further certify that I have not made a material false statement with the intent to mislead a public servant in the performance of his or her official functions.

I understand that I may be subject to disciplinary action, including termination, if any of the above is subsequently determined to be false or misleading.

Employee Signature*

Date

*An employee who is unable to complete the form may have the agency’s personnel division complete it per employee’s conversation.