

**COVID-19 EMPLOYEE CERTIFICATION FORM**

Employee name: \_\_\_\_\_

Dates for which leave is requested: \_\_\_\_\_

Leave requested:                     Paid Sick Leave             Emergency Family Leave

COVID-19 related reason for leave:

- The employee is subject to federal, state, or local quarantine or isolation orders related to COVID-19
- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis
- The employee is caring for an individual subject to quarantine under reason (1) above or advised to quarantine under reason (2) above
- The employee is caring for a child if school is closed or a childcare provider is unavailable for reasons related to COVID-19
- The employee is experiencing any other “substantially similar condition” specified by the Secretary of Health and Human Services – Please specify:  
\_\_\_\_\_

I hereby certify that for the reason stated above, I \_\_\_\_\_ (Employee Name) cannot work OR telework during the leave time requested due to the current COVID-19 outbreak.

\_\_\_\_\_  
**Employee Signature**

If employee is quarantined, name of government entity imposing quarantine or isolation order:  
\_\_\_\_\_

If employee is self-quarantined, name of healthcare provider recommending self-quarantine:  
\_\_\_\_\_

If employee needs leave to care for child due to school or childcare provider closure/unavailability, name of school/provider:  
\_\_\_\_\_

I hereby certify that for the period of leave requested above related to the closure of my child’s school/unavailability of childcare provider, there is no other suitable person available to provide care for my child.

\_\_\_\_\_  
**Employee Signature**

I hereby certify that my minor child who is over the age of 14 needs care during daylight hours due to the following special circumstances which require me to provide care:  
\_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**