

**Employee Certification of Need
for Emergency Paid Sick Leave (EPSL) for COVID-19**

I, _____, certify that I am unable to work (or work remotely) due to a need for a leave for one of the following reasons (please check):

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I am experiencing symptoms of COVID-19 (e.g., fever, coughing, and/or shortness of breath) and seeking a medical diagnosis.
- I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Relationship to individual: _____
- I am caring for my child whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions. Child's Name: _____
- I am experiencing another 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.

I am requesting EPSL (2 week maximum) to begin on this date: _____ and end on this date: _____. I understand that if my circumstances change, I must immediately inform my supervisor and the Office of Human Resources and I may be directed to report back to work (or work remotely).

I have attached documentation supporting the reason, such as:

- For a quarantine or isolation order related to COVID-19: the name of the government entity that issued the order: _____
- For a health care provider advising an employee to self-quarantine due to concerns related to COVID-19: the name of the health care provider who advised you to self-quarantine: _____
- For an employee caring for an individual who is subject to a quarantine or isolation order or an individual who has been advised by a health care provider to self-quarantine: either the name of the government entity that issued the order to which the individual being cared for is subject, or the name of the health care provider who advised the individual being cared for to self-quarantine: _____
- For an employee caring for a child whose school is closed or childcare is unavailable due to COVID-19 precautions: name of the child _____, name of the school, place of care or child care provider that has closed or become unavailable _____, and a representation that no other suitable person will be caring for the child during the period the employee is taking EPSL for this reason. (By signing, you certify this representation as being truthful).

I agree to provide any other documentation that the Office of Human Resources requests to document the use of this EPSL.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Rep Signature: _____ Date: _____