

Employee Certification of Need
for Emergency Family and Medical Leave (EFML) for COVID-19

I, _____, certify that I have a child who is under the age of 18 (or a child age 18 or older who is incapable of self-care because of a mental or physical disability), whose school or place of care has been closed, or whose child care provider is unavailable due to a COVID–19 emergency declared by either a Federal, State, or local authority. I certify that due to the need to care for my child, I am unable to work (or work remotely).

I understand that if my childcare needs change, I must immediately inform my supervisor and Senior Human Resources Rep, Ingrid Melgoza, and I may be directed to report back to work (or work remotely).

I am requesting EFML leave (12 weeks maximum) to begin on this date: _____ and end on this date: _____.

Please provide:

- name of the child: _____
- name of the school, place of care or child care provider that has closed or become unavailable: _____
- a representation that no other suitable person will be caring for the child during the period the employee is taking EFML. (By signing, you certify this representation as being truthful).

I have attached documentation of the closure of the school or childcare provider, such as a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

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

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Rep Signature: _____ Date: _____