



This form should be completed by the employee and submitted to the employee's supervisor or Human Resources. The purpose of this form is to determine whether or not the employee qualifies for emergency paid sick leave (E-PSL) or emergency family and medical leave (E-FMLA) pursuant to the Families First Coronavirus Response Act (FFCRA).

As an employee attesting to eligibility for leave, please check all that apply:

I have a child(ren) 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 child(ren) 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 child(ren) and am the sole provider of care during this time and have no other person that can assist in my child's care. Link to this policy is as follows:

[About the Families First Coronavirus Response Act \(FFCRA\)](#)

I am choosing to use leave as required under the Families First Coronavirus Response Act (FFCRA).

I am choosing to work remotely and I will sign the telecommuting agreement. I understand this option is only available if my supervisor confirms that my job responsibilities can be performed remotely.

* A periodic review will be done on a continuing basis to verify the status.

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