

EMPLOYEE CERTIFICATION

For Leave under the Families First Coronavirus Response Act (FFCRA)

The Department of Labor (DOL) continues to provide compliance assistance to employers and employees on their responsibilities and rights under the FFCRA. Per DOL guidelines and related IRS instructions, employers must obtain appropriate documentation from their employees regarding leave under the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (EFMLEA). In compliance with DOL and IRS guidance, please complete this form and return it to _____.

Please note: We are not requesting, and you are not required to provide, any genetic information as defined under CalGINA, or any confidential medical information.

Employee name: _____

The date(s) for which leave is requested: _____

The COVID-19 related reason(s) for leave (please provide written support for each reason)

1) _____

2) _____

3) _____

A. If your leave request is based on a school closing or child care provider unavailability, please complete all that apply.

Name of child/children to be cared for:	Age

Name of closed school/place of care that is unavailable: _____

I represent that no other person will be providing care for my child(ren) during the period for which I am receiving family medical leave.

I am unable to work or telework because of a need to provide care for my child(ren) older than fourteen during daylight hours, and there are special circumstances that require me to provide care.

Initial

B. If your request is based on a quarantine order or self-quarantine advice, please complete all that apply:

Name of the governmental entity ordering quarantine: _____

Name of health care professional advising self-quarantine: _____

If you are not the person subject to a quarantine order or self-quarantine advice, please provide:

• Name of person subject to quarantine or advised to self-quarantine: _____

• That person's relationship to you: _____

By signing below, I affirm all the information in this Certification is true, and that I am unable to work, including by means of telework, for the reason(s) stated above.

Employee Signature: _____ Date: _____