



Employee Certification of Need for Emergency Family and Medical Leave

I, _____, certify that I have a child who is under the age of 18, 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. Due to the need to care for my child, I am unable to work (or telework). I understand that if my childcare needs change, I must immediately inform my supervisor and the Human Resources Director and I may be directed to report back to work (or telework).

Signature

Date