



Employee Certification of Need for Paid Emergency Sick Leave

I, _____, certify that I am unable to work (or telework) for one of the following reasons:

_____ 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 [defined as 100.4° F [37.8° C] or greater using an oral thermometer], 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.

_____ 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 understand that if my circumstances change, I must immediately inform my supervisor and the District and I may be directed to report back to work (or telework).

Signature

Date