



# COVID-19 Emergency Paid Sick Leave

## Certification Statement

This form should be completed by the employee and submitted to the \_\_\_\_\_.  
Employee's Supervisor or HR Office

The purpose of this form is to verify that the employee is qualified for Emergency Paid Sick Leave pursuant to the Families First Coronavirus Response Act. As an employee attesting to eligibility for Emergency Paid Sick Leave, I attest that I am unable to work or telework due to the following:

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.  
Source of Order (Governor, health department, etc.) \_\_\_\_\_
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.  
Name of health care provider: \_\_\_\_\_
- I am experiencing symptoms of COVID-19 and am seeking medical diagnosis.
- I am caring for an individual subject to quarantine or isolation.  
Name of individual and source of order/name of health care provider: \_\_\_\_\_

In accordance therewith, I request to begin Emergency Paid Sick Leave on the following date:  
\_\_\_\_\_.

If you have been offered telework, state the extenuating circumstances (such as serious COVID-19 symptoms) that prevent you from performing telework: \_\_\_\_\_

Please provide the following supporting documentation (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

**I certify the truth and veracity of the above attestation(s) and that I have made a reasonable inquiry to confirm the accuracy thereof. In accordance with Kentucky Revised Statute 523.030, 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 Printed Name**

\_\_\_\_\_  
**PERNR or Employee/User ID**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**