



COVID-19 SCHOOL/CHILD CARE CLOSURE/UNAVAILABILITY CERTIFICATION FORM

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

The purpose of this form is to determine whether or not the employee qualifies for federal paid sick leave or emergency family and medical leave pursuant to the Families First Coronavirus Response Act. **As an employee attesting to eligibility for leave, please check all that apply:**

I have a son or daughter 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 child care 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:
_____.

In accordance therewith, I further attest to the following:

I attest that my child/children is/are under 18 years of age. Please include the date(s) of birth 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. Pursuant to Sec. 110(a)(2)(B), a "public health emergency" means an emergency with respect to COVID-19 declared by a Federal, State, or local authority." 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/children and that no other suitable person is available to provide care.

I certify the truth and veracity of the above attestations 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