

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Emergency Leave Certification Form

Employee name: _____ ID _____

Type of Leave Requested:

80 Hours to Care for Myself

80 Hours to Care for Child or Other Family Member

Relationship to Individual _____

Brief statement as to reason for leave:

Estimated Date Range Requested _____

I understand that I am required to produce documentation supporting any request for leave that is a result of a COVID19 quarantine for myself or another individual. I understand that I must submit documentation as outlined in the policy with this request. The documentation must clarify the need for emergency leave supporting one of the following:

1. Proof of quarantine
2. Medical documentation for myself or the individual I am caring for
3. Notice of closure or loss of childcare

All documentation must be included within 15 days of submitting this form to HR/OHN.

Employee Acknowledgment:

By signing, I certify that all of the information provided by me on this form is accurate and true to the best of my knowledge. I realize that the providing of false information on this form is falsification of a company document and could result in formal corrective action or separation of employment. My signature below authorizes my employer, Medic, to obtain any and all information that is necessary to determine the eligibility of this request for leave.

Employee Signature

Date

04/01/2020