



## Emergency Paid Sick Leave Certification

This form is to certify your qualifying reasons to utilize Emergency Paid Sick Leave (EPSL). If you are requesting EPSL to care for your child due to school/daycare closure, please use the **Emergency Paid Sick Leave School/Daycare Closure Certification Form**.

I certify (check all that apply):

I am not able to **work** or **telecommute** (for some or all of my regularly scheduled hours) because I am the subject of a Federal, State, or local quarantine or isolation order related to COVID-19.

Name of the government entity which issued the quarantine or isolation order:

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I am not able to **work** or **telecommute** (for some or all of my regularly scheduled hours) because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider who advised you to self- quarantine:

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I am not able to **work** or **telecommute** (for some or all of my regularly scheduled hours) because I am experiencing symptoms of COVID-19 (e.g. fever, cough, shortness of breath) and am seeking a medical diagnosis from a health care provider.

Name of the health care provider who advised you to seek a medical diagnosis of COVID-19:

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I am not able to **work** or **telecommute** (for some or all of my regularly scheduled hours) because I am caring for an individual (i.e., a family member, an individual that depends on you for care), who is subject to quarantine, self-quarantine, or isolation order related to COVID-19.

Name of the government entity which issued the quarantine or isolation order; or the health care provider who advised the individual to self-quarantine; your relationship to the individual:

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I am not able to **work** because I am attending a COVID-19 vaccination/booster appointment.

Date and location of COVID-19 vaccination appointment:

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I am not able to **work** or **telecommute** (for some or all of my regularly scheduled hours) due to vaccine-related/booster-related symptoms.

I certify that the above information is true and correct to the best of my knowledge.

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Print Name

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Signature/Date