



Emergency Paid Sick Leave School/Daycare Closure Certification

This form is to certify your qualifying reasons to utilize Emergency Paid Sick Leave (EPSL) to care for your child due to school/daycare closure.

I certify (check all that apply):

I am not able to be at work or telecommute (for some or all of my regularly scheduled hours) due to caring for my son or daughter whose school or place of care is closed or unavailable due to COVID-19 on the premises.

Name(s) of my child/children that I will be caring for during my requested leave:

Name and city of my child's/children's school or childcare provider:

My "son or daughter" is: my own child, (which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you are standing in loco parentis — someone with day-to-day responsibilities to care for or financially support a child).

(If applicable) My son or daughter is an adult (i.e., one who is 18 years of age or older) and has a mental or physical disability and is incapable of self-care because of that disability.

No other suitable person is available to care for my son or daughter during the time of my requested leave.

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

Print Name

Signature/Date