

## 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 my son or daughter whose school or place of care is clo	e or all of my regularly scheduled hours) due to caring for sed or unavailable due to COVID-19 on the premises.
Name(s) of my child/children that I will be caring for de	uring my requested leave:
Name and city of my child's/children's school or childe	eare provider:
· · · · · · · · · · · · · · · · · · ·	des your biological, adopted, or foster child, your stepchild, co parentis — someone with day-to-day responsibilities to
$\Box$ (If applicable) My son or daughter is an adult (i.e., or physical disability and is incapable of self-care because	
$\square$ No other suitable person is available to care for my s	on or daughter during the time of my requested leave.
I certify that the above information is true and correct to	o the best of my knowledge.
Print Name	Signature/Date