



Families First Coronavirus Response Act EFMLEA/ESICK LEAVE Self-Certification Form

The Families First Coronavirus Response Act temporarily amends and expands the Family and Medical Leave Act until December 31, 2020, to provide paid job protected leave to both full and part time employees who require leave due to the COVID-19 pandemic.

The Emergency Paid Sick Leave Act (ESICK) provides paid job protected sick leave to any employee who requires leave due to COVID-19 related quarantine or to care for someone under quarantine.

The Emergency FMLEA Act (EFMLEA) provides paid job protected leave to any employee who requires leave due to a need to care for the employee's child, if the child's school or child care provider has been closed, or if the child care provider is unavailable, due to COVID-19.

Employees must report absence to their supervisor as normal, with as much advance notice as practical. Employees requesting leave must complete this form and return (scan or take picture) to Human Resources within two business days of taking leave along with any reasonable documentation. Examples of reasonable documentation: Confirmation of contacting a health professional, or providing an online link that verifies a childcare facility/school is closed.

I, _____, certify that any and all information provided to the City of San Angelo related to this request is true and correct. I understand that providing false information may subject me to disciplinary action, up to and including termination of employment.

Employee Name: _____

Date: _____

Department: _____

Direct Supervisor: _____

Date Leave to Begin: _____

Estimated Return: _____

Please indicate reason for requesting leave and provide the additional, requested details.

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
Date of order: _____
- 2. I have been advised by healthcare provider to self-quarantine due to concerns related to COVID-19.
Date advised: _____
- 3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
Date began seeking treatment: _____
- 4. I am caring for an individual who is subject to an order as described in (1) or has been advised as described in (2) above.
Date began providing care: _____
- 5. I am caring for my son or daughter whose school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions.
 - a. Please specify: School Childcare provider
 - b. Please list name of school or childcare provider: _____
 - c. If childcare provider was a family member, please indicate why they are unavailable now.

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Human Resources Use Only

Date Requested: _____

Date Received: _____

Approved

_____ Is still required.

Denied (reason) _____

Completed:

_____ Confirmed that the supervisor was notified of absence

_____ FML Documentation Provided to Employee, if eligible/qualifying (FML or FML Expanded)

_____ Is the employee eligible for benefits: Yes _____ No _____

_____ Notified Timekeeper of necessary payroll entry

_____ Notified Employee of Approval status (or other leave options)

Human Resources Signature

Date