

## Employee Self-Certification of Need for Emergency Paid Sick Leave for Child School/Day Care Closure

**Employee Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Name of Child(ren):**

\_\_\_\_\_

**Name of School, Daycare, or Child Care Provider:**

\_\_\_\_\_

**Type of Documentation:**

\_\_\_\_\_

I, \_\_\_\_\_, certify that I have a child whose school or place of care has been closed due to a COVID-19 emergency declared by either a Federal, State, or local authority. (For this certification “child” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is under 18 years of age; or 18 years of age or older and incapable of self-care because of a mental or physical disability and for whom I provide day-to-day responsibilities to care for or financially support). Due to the need to care for my child, I am unable to work (or telework) and confirm there is no other suitable person available to care for my child. I understand that if my childcare needs change, I must immediately inform my supervisor and the City and I may be directed to report back to work (or telework).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date