



**Human Resources
Department**

**EMPLOYEE CERTIFICATION OF NEED FOR EMERGENCY FAMILY
AND MEDICAL LEAVE**

I, _____, in _____ Department certify that I have a child who is under the age of 18, whose school or place of care has been closed, or whose child care provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority. Due to the need to care for my child, I am unable to work (or telework). 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). Attach documentation to support your request. *Examples of acceptable supporting documentation include: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.*

If approved, I understand that the first 10 days (two weeks) of this leave are unpaid but I have the option to substitute pay with Emergency Paid Sick Leave and can apply separately for this leave. In addition, I understand I may use accrued leaves to supplement this leave in order to receive a full paycheck.

I understand that I need to inform my supervisor if I am receiving Unemployment Insurance.

Date(s) of leave is/are from _____ to _____

Estimated part-time or reduced schedule _____ days per week from (date) _____ through _____.

Employee Signature Date

Approved Denied _____
Supervisor Signature Department Date

Approved Denied _____
Human Resources Signature Date