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| --- | --- | --- |
| **Employee Name** | **Employer Name** | **Date** |
|  |  |  |
|  |  |  |
| **Employee Phone Number** | **Employer Phone Number** |  |
|  |  |  |
| **Employee Email Address** | **Leave Start Date** | **Leave End Date** |
|  |  |  |

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| --- |
| I certify that am unable to work (or telework) for the following reason:  I am subject to a **federal, state, or local quarantine or isolation** order related to COVID-19 that specifically prevents me from working.  Name of the government entity issuing the order:  I have been **advised by a health care provider to self-quarantine** because of concerns related to COVID-19.  Name of the advising healthcare provider:  I have **symptoms of COVID-19** and I am seeking (or have sought) a diagnosis.  I am **caring for another individual** who is subject to quarantine or has been advised by a health care provider to self-quarantine related to COVID-19. Name of person I am caring for and our relationship:  Name of the government entity issuing the order:  ***OR***  Name of the advising healthcare provider:  I **need to care for my child(ren)** because their school or childcare provider is closed or unavailable because of COVID-19. **I certify that no other suitable person is available to care for the child(ren) during the period of requested leave.** If listed child is over 14, I further certify that there are special circumstances that require me to provide care for them.  Name(s) and age(s) of child(ren):   Name of closed school(s) or place(s) of care:    I am experiencing **other conditions substantially similar** to COVID-19 as specified by the Department of Health and Human Services. |

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

THIS SECTION COMPLETED BY FI

### Was information provided verbally over the phone Y N Name of Fiscal Intermediary Employee Recording Information and Certification from Employee Requesting Paid Leave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

### If denied, I certify that I am unable to find enough other workers who are able, willing and qualified, and who will be available at the time and place needed to perform services for me or my employee has specialized skills, knowledge of his/her responsibilities. [EMPLOYER]

### Name of FI Staff who recorded employer authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Authorization Authorized Denied