

Employee Self-Certification Form

Emergency Paid Sick Leave Related to COVID-19

HUMAN RESOURCES

This form is to be used to support the use of Emergency Paid Sick Leave (EPSL) for employees who are either ill with COVID-19-like symptoms (includes fever ≥ 100 degrees, cough, and shortness of breath) or caring for a family member with COVID-19-like symptoms. Family member is defined as a parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver, including domestic partners, in-laws and step relatives or any other person whose association with the employee is similar to that of a family member. For other absences that qualify for job protection under the Family and Medical Leave Act (FMLA) (e.g. serious health conditions or injuries), use the Colorado State University Medical Certification Form available at <http://hrs.colostate.edu>.

I was/will be absent from work on the following dates: _____

I was/will be absent to care for:

Myself Eligible Family Member _____ due to the following reason:
(Your relationship to the ill person)

Ill with COVID-19-like symptoms

Subject to an isolation order or asked to self-quarantine by a healthcare provider

Please provide specific information concerning your absence (e.g. advised by health care provider, traveled from Level 3 country, etc.) and attach any relevant documentation:

Reminder - Please do NOT come to work if you are sick with a fever

Employees with COVID-19-like illness, as defined above, should stay home and follow [CDC guidelines](#) to determine if it's safe to return to work. Currently, the guidelines indicate it is safe when the employee is free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Please refer to the CDC's website for any updates to this guidance.

Failure to provide a complete and sufficient certificate within 15 calendar days after you return to work may result in denial of leave. Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

_____ Employee Name (please print)	_____ Department	_____ Employee ID
_____ Employee Signature (electronic signature accepted)	_____ Date	

Return completed form to Human Resources at MyHR@colostate.edu



HUMAN RESOURCES
COLORADO STATE UNIVERSITY

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