

# Employee Self-Certification Form

For School, Place of Care or Child Care Provider Closure

HUMAN RESOURCES

This form is to be used for employees of Colorado State University to self-certify the need for emergency family and medical leave if the employee is caring for a dependent child whose school or place of care is closed or whose child care provider is unavailable for reasons related to COVID-19. The leave, Emergency Public Health Leave (EPHL) under Families First Coronavirus Response Act (FFCRA) is a temporary rule effective from April 1, 2020, through December 31, 2020.

**Eligible employees must be employed for 30 calendar days** to be eligible for EPHL, and shall be granted unpaid leave or may take accrued leave, or up to eighty (80) hours of paid Emergency Paid Sick Leave (EPSL) during the first ten (10) days of leave. Up to an additional 10 weeks may also be paid. EPHL counts toward an employee's total 12-week FML entitlement and will be prorated based upon an employee's FTE.

**I will be absent from work:**

From \_\_\_\_\_ To \_\_\_\_\_

**To care for a dependent child(ren),** \_\_\_\_\_ **whose:**

\_\_\_\_\_  
Name of child(ren)

\_\_\_\_\_  
Relationship to child(ren)

School     Place of care     Child care provider, \_\_\_\_\_  
Name of school, place of care or child care provider

was closed or is unavailable for reasons related to COVID-19.

**I will be taking leave:**

Continuous     Intermittent (2-hour increments)

**I am requesting the first two weeks of leave be hours paid and/or unpaid as follows:**

Annual Leave     Sick Leave     EPSL (emergency sick leave)     Unpaid

I understand that by signing below, I attest that:

- I am the parent, guardian or caretaker of a child over whom I have temporary or permanent custody, is my legal dependent, is a child in my household for whom I am currently the primary caregiver, or is a child that is a step-relative (hereafter "the child"); and
- I am unable to work or telework due to the closure of the child's school or place of care for COVID-19 reasons; and
- Circumstances exist that require me to provide care for the child; and
- No other person will be providing care for the child during the period in which I am receiving paid leave for this reason.

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

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
CSU ID

\_\_\_\_\_  
Employee Signature (electronic signature accepted)

\_\_\_\_\_  
Date

**Return completed form to Human Resources at [MyHR@colostate.edu](mailto:MyHR@colostate.edu)**



**HUMAN RESOURCES**  
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