



FLORIDA STATE UNIVERSITY
OFFICE OF HUMAN RESOURCES

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COVID-19 LEAVE POOL SCHOOL/CHILDCARE CERTIFICATION FORM

Please complete this certification document to verify that you are unable to work in person or telework due to a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19, and you have exhausted all available leave. If approved, this paid leave will be limited to up to 80 hours based on full-time equivalency, regardless of a subsequent requirement to quarantine/isolate.

Employee Name: _____

EMPLID: _____

Job Title: _____ **Department:** _____

Please provide the following information:

Name of the child for whom you will provide care: _____
First
Middle
Last

Child's Date of Birth: _____

Relationship to the Child: _____

Name of the School/Childcare Provider: _____

School/Childcare Provider Phone: _____ Email: _____

Date the School/Childcare Provider Closed: _____

Anticipated Date the School/Childcare Provider will Reopen: _____

I acknowledge the above information is true, and understand that falsification of any information may subject me to disciplinary action, up to and including dismissal.

Employee Signature

Date

Employee - Complete form, sign electronically, and submit to HR-COVID19@fsu.edu.