



SUSSEX COUNTY SCHOOL CERTIFICATION

Section 1 - Information and Instructions

This form should be completed by any Sussex County employee requesting time off due to school closure during the COVID-19 pandemic.

1. Form should be completed by Sussex County employee and certified by authorized office staff of the child/children(s) school district.
2. Form must be emailed from school and/or district to employeeservices@sussex.nj.us.

Section 2 – Employee Information

Employee Name:

Telephone Number:

Department:

Section 2 – Child(ren) Information

Child(s)
Name: _____

School
Information: _____
(name & Telephone)

Child(s)
Name: _____

School
Information: _____
(name & Telephone)

Child(s)
Name: _____

School
Information: _____
(name & Telephone)

Child(s)
Name: _____

School
Information: _____
(name & Telephone)

Section 3 – Certification (Authorized by Department Head)

I hereby certify that the foregoing statements made in this Certification are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to discipline, up to and including termination.

Employee Signature:

Employee Name Printed:

County Administrator Signature: