

County of Sussex School Certification

Section 1 – Information and Instructions:

This form should be completed by any Sussex County employee requesting time off due to a modified school schedule or closure during the COVID-19 pandemic. (1). Form should be completed by Sussex County employee including documentation verifying the school closing, age of the child(ren), and certifying that one parent only will be home. (1) The form must be reviewed with your direct supervisor, Division Head, Department Head (2). Form must be emailed to employeeservices@sussex.nj.us

Section 2 – Employee Information:

Employee Name: _____ Telephone #: _____
Department: _____

Section 3 – Child(ren) Information (If more than 3 children, please submit a 2nd form):

Child's Name: _____ Age: _____
School Information: (Name & Telephone)

Child's Name: _____ Age: _____
School Information: (Name & Telephone)

Child's Name: _____ Age: _____
School Information: (Name & Telephone)

Section 4 – Certification Statement by Employee / Employer:

I certify that only one parent will be home with dependent school age child (under age of 15 unless special circumstances are provided and approved by employer) identified in the Section above. 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: _____ Date: _____

Employee Name _____
(Printed)

Supervisor/Division Head/Department Head Signature: _____ Date: _____

Requested Options

(Please circle all that apply; attach to the school certification and email to employeeservices@sussex.nj.us)

- A). Telework (in accordance with the County issued guidance)
- B). Families First Corona Virus Response Act (EFMLA) (if eligible)
- C). New Jersey Family Leave Insurance (NJFLI)
- D) Use of Employee Benefit Leave Time

Employee Signature: _____

Employee Name: _____
(Printed)

Date: _____

Supervisor/Division Head/Department Head Signature:

Date: _____