



FIRST RESPONSE CORONAVIRUS RESPONSE ACT
AFFIRMATION

I, _____ (print name), am requesting FFCRA leave from
_____ (date) to _____ (date). I do affirm that during these dates:

Please complete all information for selected category

- I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
I have been advised by a health care provider to remain in quarantine or isolation due to COVID-19.
I have experienced COVID-19 symptoms and am seeking a medical diagnosis.
I am caring for a family member _____(name) who is subject to a quarantine order or has been advised by a health care provider to remain in isolation due to COVID-19.
There is no other suitable individual to care for my child. I am caring for my child
_____ (name)
who was enrolled in _____(school), a New Mexico Public School located in _____(city), for the 2019-2020 school year.
who was enrolled in _____(school), a daycare or private K-12 school facility located in _____(city), that closed due to COVID-19.
because my regular care provider _____(name) located in _____(city) is unavailable due to COVID-19.

The above information is true to the best of my knowledge. I understand that intentionally false or intentionally misleading statements in this document are misconduct and are subject to discipline, up to and including termination of my employment.

Signature _____ Date _____