NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

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 quarantine/isolation order related to COVID-19.
- ❑ I have been advised by a health care provider to remain in self-quarantine due to COVID-19.

  _____ (provider's name) at _____(provider's phone) recommended that I maintain isolation from _____(date) to _____ (date).
- ❑ 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.
- ❑ 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_____