



**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 \_\_\_\_\_