

kathleen j. taraian James A. Diossa

Human Resource Director Mayor

City of Central Falls

Human Resources Department

580 Broad Street Office: (401) 727-2436

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EMPLOYEE SELF QUARANTINE CERTIFICATION

Per the Governor of Rhode Island’s Executive Order of March 09, 2020, and President Donald J. Trump declaring a National Emergency on March 13, 2020, and Mayor James A. Diossa’s Executive Order Declaration on March 20, 2020 regarding Self-Quarantine Requirements, individuals who have returned from International travel or who have come in direct contact with a confirmed COVID-19 exposure, or notified of being in contact with a potential person with the COVID-19 MUST self-quarantine for a period of fourteen (14) days before being eligible to return to active employment with the City.

For employees to ensure a seamless transition back to the workplace, employees may self-certify that they have self-quarantined for the required period and do not presently possess symptoms of the COVID-19 virus by providing the following information:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

● INTERNATIONAL TRAVEL ◻ within the last fourteen (14) days and going forward

● DIRECT CONTACT-COVID-19 ◻ with confirmed COVID-19 EXPOSURE within the last fourteen (14) days

● NOTIFICATION of COVID-19 ◻ with confirmed COVID-19 EXPOSURE within the last

 Exposure fourteen (14) days

 ● OTHER Exposure ◻ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Dates of Quarantine: First Day of Quarantine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Day of Quarantine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Expected Day Back to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CERTIFICATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify and attest that I have self-quarantined as required by Executive Order 20-03 and that I am currently not experiencing any symptoms of the COVID-19 virus that would warrant my continued quarantine or that would otherwise preclude me from returning to the workplace.

\* This must be returned to the Human Resource Department prior to the employee returning to employment. *A Doctors note will be not be necessary.*