

FAMILY SICK AND WELLNESS LEAVE CERTIFICATION

Employee Name: _____

Name of family member for whom you will provide care: _____

Relationship of family member to you: _____

Immediate Family Member includes your spouse, children, stepchildren, foster children or any other ward legally placed by the State of Texas, parent, stepparent, siblings, stepsiblings, grandparent, grandchild, parents of your spouse, and the spouses of your children.

Reason for care:

Examples:

I need to take my mom to the doctor because she can't drive.
My daughter has a fever and can't go to day care.

I certify that:

___ my absence on _____ or

___ my absences from _____ to _____

was/were for a qualifying reason under Harris County Personnel Policies & Procedures § 11.044.
I understand that providing false or misleading information about my absence may result in disciplinary action, up to and including termination.

Employee Signature:

Date: