

**City of Boston Employee Certification of COVID-19 Testing**

I, \_\_\_\_\_, *have an appointment for a COVID-19 test* on \_\_\_\_\_ date from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

Name of COVID-19 Testing Site: \_\_\_\_\_

Address of COVID-19 Testing Site:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must submit the employee certification for up to one (1) hour of paid leave for COVID-19 testing to your department’s HR Director or Personnel Officer prior to your appointment. Prior to scheduling an appointment and filling out this Certification form, you must provide your supervisor/manager at least forty-eight (48) hours’ notice and receive approval to use such leave. Existing departmental practices and policies governing how and to whom such notice should be given must be followed. Employees cannot receive more than one hour of paid work time under the Temporary COVID-19 Paid Leave for Testing Policy for a COVID-19 testing appointment within a 14 day period. **By signing this certification, you knowingly and voluntarily agree to allow the City to confirm the information in this Certification at any time and agree to take whatever steps are necessary for the City to do so.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID

\_\_\_\_ Approved

\_\_\_\_ Rejected

\_\_\_\_\_  
HR Manager

***Department HR Personnel Officers must submit all completed forms to [covidleave@boston.gov](mailto:covidleave@boston.gov).***