



CERTIFICATION OF QUARANTINE
To be used by Faculty AND Staff

I, _____ (print name), an employee of Fairmont State University, do, by my signature below, certify that:

- I traveled to a “hot spot” **within the United States** (beach, amusement park, concert, sporting event, rally, festival or other similar large gathering):

Location(s)/Dates: _____

- I traveled **internationally**:

Location(s)/Dates: _____

Per Fairmont State University’s Quarantine Guideline, I am self-quarantining from ___/___/2020 to ___/___/2020 (**5 days for US travel; 14 days for international travel**)

My signature below is my certification and agreement that:

- I have isolated myself during this period of time and have only left my residence when absolutely essential, such as doctor visits;
- I fully understand that submission of this Certification of Quarantine under false pretenses (which would include failure to genuinely self-isolate during the listed times) would constitute a fraud upon the University and may make me subject to employee discipline.

Sign Name

Date

Return this form to HR, 324 Hardway Hall; or by scanning to hr@fairmontstate.edu.

Leave issues and concerns for leave-eligible employees, for leave provisions as provided by the Families First Coronavirus Response Act (FFCRA), and for accommodations under the Americans with Disabilities Act (ADA) should be addressed to HR at hr@fairmontstate.edu.

This certification of quarantine is only accepted as valid by the University to document an absence of up to two calendar weeks. A physician’s note is required for absences of greater length, and FMLA CERTIFICATION MAY BE REQUIRED. Special circumstances may be reviewed by HR.