

CLOSURE OF EDUCATION ESTABLISHMENT

EPIDEMIOLOGICAL SITUATION OF THE NEW CORONAVIRUS

STATEMENT OF EMPLOYEES

This Statement is intended to be presented to the employer to justify the absence from work due to the closure of the education establishment or social support facility for early childhood or disability

1 WORKER IDENTIFICATION

Full name _____

Social Security Identification Number _____ Tax Identification Number _____

2 IDENTIFICATION OF CHILD OR DEPENDENT UNDER 12 YEARS OLD OR INDEPENDENTLY OF AGE WITH DISABILITY OR CHRONIC ILLNESS (If you have more than one child under the age of 12 or with a disability / chronic illness you should only indicate one)

Full name _____

Date of birth ___/___/___ With disability? yes No
Social Security Identification Number _____

3 TO BE FILLED IN SITUATIONS WHERE THE WORKER IS ABLE TO TELEWORK BUT CHOOSES TO INTERRUPT THIS ACTIVITY TO PROVIDE FAMILY ASSISTANCE (*)

Single-parent family and my child/dependent is in my care during the period of absence from work.
 My child/dependent attends early childhood centre, pre-school or primary school.
 My child/dependent has a 60% or more disability.

4 OTHER SITUATIONS (The support payment is 100%)(*)

Single-parent family and my child/dependent receives child benefit supplement for single-parent families
 Both parents benefit from the support, alternating on a weekly basis.

5 PERIOD OF ABSENCE FROM WORK PER MONTH

From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___

6 WORKER CERTIFICATION

I declare that the other parent:
Full name _____

Social Security Identification Number _____ Tax Identification Number _____
(i) Is unable to assist the dependent identified;
(ii) Did not request or receive the exceptional financial support for the family due to the closure of the education establishment in the identified period or social support facility for early childhood or disability.
(iii) Benefit from support on a weekly basis, alternating in the following periods per month:
From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___
I authorize the provision of data to Social Security for data processing purposes under the exceptional support to the family.
The information provided is true and does not omit any relevant information.
 I declare that I do not live in a common economy with the other parent and I am unable to obtain the respective Social Security Identification Number.
_____/_____/_____
(Worker signature)