



PASSAIC COUNTY SCHOOL CERTIFICATION

Section 1 - Information and Instructions

This form should be completed by any Passaic County employee requesting time off due to school closure during the COVID-19 pandemic.

1. Form should be completed by Passaic County employee and certified by authorized office staff of the child/children(s) school district.
2. Form must be emailed from school and/or district to schoolcerts@passaiccountynj.org.

Section 2 – Employee Information

Employee Name: _____ Telephone Number: _____

Department: _____

Section 2 – Child(ren) Information

Child(s) Name: _____ School Information: _____
(name & Telephone)

Child(s) Name: _____ School Information: _____
(name & Telephone)

Child(s) Name: _____ School Information: _____
(name & Telephone)

Child(s) Name: _____ School Information: _____
(name & Telephone)

Section 3 – Certification (Authorized by Department Head)

I hereby certify that the foregoing statements made in this Certification are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to discipline, up to and including termination.

Employee Signature: _____

Employee Name Printed: _____

County Administrator Signature: _____