

**City of Boston Employee Certification of Return to Work Following  
COVID-19 Testing or Symptoms**

**Instructions:** You must submit this Employee Certification of Return to Work Following COVID-19 Testing or Symptoms upon your return from any COVID-19 related absence. This form must be acknowledged and signed by you and submitted to your Department HR/Personnel Officer prior to your return to the workplace.

**Name:** \_\_\_\_\_ **Employee ID** \_\_\_\_\_

**I remained home and did not report to work for** \_\_\_\_\_ days (from \_\_\_\_\_ to \_\_\_\_\_) based on the City's current Return to Work Guidelines Related to COVID-19 Testing or Symptoms because:

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

**I returned to work on** \_\_\_\_\_ based on the City's current Return to Work Guidelines Related to COVID-19 Testing or Symptoms because (ex. negative test, no fever for 24 hours without medication, x # of days as required, etc.):

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

**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. In addition, your signature indicates your affirmation that the above information is complete and accurate to the best of your knowledge and that any misrepresentation may result in disciplinary action, up to and including termination.**

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

\_\_\_\_\_  
Date  
\_\_\_\_ Rejected

\_\_\_\_\_  
Department HR Manager/Personnel Officer

\_\_\_\_\_  
Date

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Effective January 10, 2022**