CAISSES SOCIALES DE MONACO

C.C.S.S. - C.A.M.T.I.

SWORN STATEMENT
compensation for child care (Covid-19)

To be drawn up and transmitted to his/her employer by the employee wishing to benefit from paid leave to remain home with a child/children under age sixteen.

I, the undersigned: ..... Registration no. .....

hereby declare that, for the following periods, I am alone in my household to request paid leave to remain with my child/ren in the context of the decision to close our day nursery or school to prevent the spread of Covid-19:

First day of work stoppage	Last day of work stoppage

I hereby declare (check appropriate box):

☐ that my spouse, partner, other parent is employed and cannot benefit from a system of temporary partial paid leave.

☐ that I am the sole parent responsible for my child/ren.

Please find below the surname, given name, date of birth, social security number (if different), **grade level(s) and school location(s)** for the child(ren) concerned:

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I certify on my honour that (please check the appropriate statement):

☐ my child(ren)'s classes is/are not open.

☐ the school(s) is/are unable to accommodate my child(ren) full time.

☐ the general practitioner recommends that my child(ren) stay away from school (a medical certificate must be attached).

In ..... on ..... Signature :

"In accordance with Law no. 1165, as amended, you have the right to access and amend the personal information relating to you. For more information on the processes implemented, you can consult the "Data Protection" section on the www.caisses-sociales.mc website."

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