

LOUISIANA
DEPARTMENT *of* REVENUE

Frontline Workers COVID-19 Hazard Pay Rebate
Employer Certification
Louisiana Revised Statute 51:1787(K)

Louisiana Department of Revenue
P. O. Box 5128
Baton Rouge, LA 70821
Phone: (855) 307-3893

Act 12 of the 2020 First Extraordinary Session provides a one-time hazard pay rebate of \$250 to essential critical infrastructure workers. The purpose of this form is for an employer to certify that the applicant/employee meets the rebate's eligibility requirements.

PLEASE PRINT OR TYPE

Applicant's/Employee's First Name	MI	Last Name and Suffix	LDR Letter ID, if applicable	
Mailing Address			Unit Type & Number	
City			State	ZIP

Employer Certification (Do not use abbreviations or acronyms)

I, a representative of _____, certify that the above named applicant/employee:
(Employer Name)

1. Was employed in an essential critical infrastructure section job on or after March 11, 2020.

Job Title:

Job Description:

2. Was required by the named employer to provide in-person services in Louisiana from March 22, 2020, through May 14, 2020.
3. Performed the in-person services outside of their residence and the services were substantially dedicated to responding to or mitigating the COVID-19 public health emergency for at least 200 hours.

Under penalties of perjury and liability for the repayment of any rebates issued to the applicant, I certify that the information above is true, correct, and complete to the best of my knowledge and belief.

Employer Representative Signature			Date (mm/dd/yyyy)	
Print Employer Representative Name			Employer Representative Job Title	
Employer Name			Federal Employer Identification Number	
Employer Address			Email Address	
City	State	ZIP	Phone Number	
Description of the Business (Including the Products or Services Offered)				