



EMPLOYEE REQUEST FOR DISTRICT SPONSORED COVID-19 EMERGENCY PAID LEAVE

Please return this form directly to Melissa Beck in the Human Resource Department

TO BE COMPLETED BY THE EMPLOYEE:	
Employee Name: _____	
Home Address: _____	
Home Phone: _____	Email: _____
<p>Please indicate the reason below for your request for District sponsored COVID-19 Paid Leave:</p> <p>_____ Employee is subject to a federal, state or local quarantine/isolation order related to COVID-19 <i>Name of the entity/official that issued the order: _____</i></p> <p>_____ Employee has been advised by a health care provider to self-quarantine related to COVID-19 <i>Name of the health care provider: _____</i></p> <p>_____ Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis <i>Employee must have symptoms of COVID-19 and be unable to work because the employee is taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19</i></p> <p>_____ Employee is caring for an individual who resides in the same home who is under a quarantine or isolation order or has been advised by a health care provider to self-quarantine <i>Name and age of individual: _____</i> <i>Name of the entity/official that issued the order: _____</i></p> <p>_____ Employee is caring for his or her child whose school or place of care is closed or unavailable due to coronavirus-related reasons <i>Child(ren) name and age: _____</i> <i>Name of school/childcare provider: _____</i></p>	
Anticipated Begin Date of Leave: _____	Anticipated Return to Work: _____
If Leave is requested intermittently or on a reduced schedule, indicate requested schedule below: _____	
<p>If your leave is to care for a child whose school or place of care is closed or unavailable due to coronavirus-related reasons and you have exhausted your eligibility for the District Sponsored COVID-19 Emergency Leave you may access your own accumulated paid sick leave equal to the number of hours you are regularly scheduled to work over a two-week period, up to a maximum of 80 hours. Please indicate below if you would like to access your own paid sick leave if available for this time off need:</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>I certify that I am unable to work because of the qualifying reason identified above. In addition, I attest that if requesting leave to provide care for a child, that no other suitable person is available to care for the child during the period of my leave request. Upon approval, the time off will be applied retroactively towards the total leave time allowable.</p> <p>Employee Signature: _____ Date: _____</p>	