

COVID-19-Related Leave Request Form

Instructions: Please use this form to request leave related for reasons related to the ongoing COVID-19 pandemic. Please follow the District's usual leave policies to request leave for reasons not related to COVID-19. Please submit your request as far in advance as practicable so that we can consider it and work to address your needs in a manner consistent with our obligations to you, our students, families, other faculty and staff, and the community. Please submit your completed form to:

E-mail: _____

Mail: _____

Phone: _____

Your failure to complete and submit this form in a timely manner, or to provide any additional information requested by Human Resources, may result in delay or denial of your request. Submitting this form does not guarantee that your request will be approved. Any unapproved absences will be addressed in accordance with District policy.

1. Your Name: _____
First Middle Last

School: _____ Job Title: _____

2. What is the reason for your request? (Please mark all that apply and complete all information for each item marked.)

I have tested positive for COVID-19.

Date of positive test: _____ *If you have documentation of your test result, please provide a copy.*

I have symptoms of COVID-19.

When did your symptoms first occur? _____

What symptoms did you experience: Cough Sore throat Fever/chills Shortness of breath
 Fatigue Muscle or body aches Headache
 New loss of taste / smell Sore throat Diarrhea
 Congestion or Runny Nose Nausea or vomiting

Are you seeking medical diagnosis? Yes No

When do you expect to see your doctor or be tested for COVID-19?

(Please state the date, if known): _____

I have been in close contact with an individual who has or is suspected to have COVID-19.

Name of individual who has or is suspected to have COVID-19 (if known): _____

Date of last suspected contact: _____

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Governmental entity ordering quarantine or isolation: _____

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider: _____

I am caring for my son or daughter because my child's school or place of care has been closed, or because my child's childcare provider is unavailable, for reasons related to COVID-19.

Name(s) and age(s) of child(ren): _____

Name of school(s) and/or place of care: _____

If your child(ren) is/are 15 years of age or older, are there any special circumstances that require you to provide care to your child during daylight hours? Please describe:

Will another suitable person care for your child(ren) during the time for which you are requesting leave?

Yes No

I am caring for another individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of individual and relationship to employee: _____

Governmental entity ordering quarantine or isolation

OR name of health care provider: _____

Other COVID-19-Related Reason

Please describe: _____

3. Have you previously used Emergency Sick Leave (ESL) under the Families First Coronavirus Response Act, either with the District or another employer? No Yes

4. If remote work is available during the period of your leave, would you be able to work remotely? No Yes

5. For what period are you seeking leave?

First date of leave: _____ Anticipated return to work (if known): _____

6. If you are requesting leave on an intermittent or reduced-schedule basis please describe the leave schedule that you are requesting:

By signing below, you certify that the information above is accurate:

Employee Signature

Date

The [Genetic Information Nondiscrimination Act of 2008](#) (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by these laws. To comply with the law, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.