

QUITMAN SCHOOL DISTRICT-EMPLOYEE REQUEST FORM- COVID ADMINISTRATIVE SICK LEAVE

(For use effective January 1, 2021)

Employees may be approved for COVID Administrative Sick Leave (CASL) if they meet the specific qualifying reasons. Employees must complete this form and submit it or any questions to Natasha Tubbs at ntubbs@qsd12.org at the time leave begins.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Anticipated Begin Date of Leave: _____ Expected Return to Work Date: _____

ONLY CHOSE ONE

1. EMPLOYEE REQUEST FOR LEAVE AT FULL PAY

Employees satisfying one of the three standards noted below are eligible for up to 80 hours paid sick leave at the employee's full regular compensation rate. For employees scheduled less than 40 hours per week, it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I am subject to a Federal, State, or Local quarantine or isolation order
Attach government order
- I have been advised by a healthcare provider to self-quarantine because of concerns related to COVID-19
Attach healthcare provider documentation
- I am experiencing COVID-19 symptoms and seeking a medical diagnosis
Attach/Submit medical diagnosis documentation when received
- I am experiencing the side effects after taking the COVID-19 vaccination.
Attach copy of vaccination card

Proceed to Employee Certification and Signature

2. EMPLOYEE REQUEST FOR LEAVE AT 2/3 PAY

Employees satisfying one of the three standards noted below are eligible for up to 80 hours paid sick leave at 2/3 of the employee's compensation rate. For employees scheduled less than 40 hours per week, it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- I need to care for an individual subject a Federal, State, or Local quarantine or isolation order **OR** that has been advised by a healthcare provider to self-quarantine. **I represent that no other person will be providing care for the individual during the period for which I am receiving COVID Administrative Sick Leave.**

Name(s) and Relation of the Individual(s) being cared for: _____

Attach government or healthcare provider order

- I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor. *As of June 2, 2020, these conditions have not yet been identified by HHS.*
- I need to care for my child under the age 18 because my child's elementary or secondary school, childcare provider, or child's place of care is closed or is unavailable due to a public health emergency. *Continue to next page*

Continued from Section 2.

During this period of unavailability or closure, **I represent that no other person will be providing care for my child during the period for which I am receiving COVID Administrative Sick Leave.**

Name(s) and Age(s) of Child or Children: _____

Attach documentation of closure

If the age of one or more of the children is 14 or older, please explain on the line below the special circumstances that exist requiring me to care for the child during daylight hours:

2a. SUPPLEMENT 2/3 PAY WITH PERSONAL ACCUMULATED LEAVE

An employee on CASL at 2/3 pay as noted above, may choose to supplement the 2/3 pay provided through CASL with personal accumulated leave to earn full compensation. Please indicate if you would like to use your personal accumulated leave during your CASL absence to supplement your 2/3 CASL compensation.

_____ Yes, use my personal accumulated leave so that I can receive full pay

_____ No, do not use my personal accrued sick leave, I only want to receive 2/3 pay

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is truthful and complete. I understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. I also understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the dates/schedule with my supervisor, I may be subject to discipline in accordance with School District Policy.

Employee Signature: _____ Date: _____

FOR SCHOOL DISTRICT USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Received By Payroll: _____ Date: _____

Period of Leave: _____

Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____

The School District will retain all records related to this leave request for at least 4 years for auditing purposes.