

Request for COVID-19 Related Leave
[District voluntarily extending FFCRA through 3-31-2021]

Employee Name: _____ Date: _____

Employee Email: _____ Cell Phone: _____

Anticipated Leave Start Date: _____ Anticipated Return to Work Date: _____

Leave Certification Questions:

- Have you been employed with Clare Public Schools for at least thirty days: Yes No
- Are you **unable** to work or telework for the reason listed below? Yes No
- I am requesting approval for telework: Yes No

FOR OFFICE USE ONLY	
Supervisor Approval for Telework	Superintendent Approval for Telework

- Please check the appropriate qualifying reason below that best reflects why you are requesting leave and provide the required documentation (*only one qualifying reason per form*):

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

Documentation: Provide the federal, state, or local quarantine or isolation order.

If quarantine or isolation due to exposure, list date of exposure: _____

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

Documentation: Provide the health care advisor's self-quarantine order.

If quarantine or isolation due to exposure, list date of exposure: _____

3. I am experiencing COVID-19 symptoms and seeking medical diagnosis.

Documentation: Provide medical diagnosis as soon as possible. Additionally, provide the following information as it becomes available:

<u>Symptoms of COVID-19</u>	<u>Date of On-Set</u>
<i>Feverish or temperature over 100.4°F; New or worsening cough; Shortness of breath or difficulty breathing; Muscle aches without another explanation; Chills; New loss of taste or smell</i>	

<u>Affirmative Steps Taken</u>	<u>Result of Action</u> <small>(left message, spoke with doctor, etc.)</small>	<u>Date of Each Step</u>
<i>Contacted health care provider</i>		
<i>Contacted health care provider</i>		
<i>Contacted health care provider</i>		
<i>Contacted health care provider</i>		
<i>Scheduled COVID-19 test</i>		
<i>COVID-19 test administered</i>		
<i>COVID-19 test results received</i> <small>(provide ASAP to Central office)</small>		

4. I need to care for an individual subject to a federal, state or local quarantine or isolation order, or who was advised by a health care provider to self-quarantine due to COVID-19 concerns.

Documentation – provide the following:

Name of Individual Quarantined: _____

Relationship of Individual to Employee: _____

Name of federal, state, or local entity OR health care provider: _____

Written quarantine or isolation order attached: Yes No Not Applicable

5. I need to care for my child because my child’s school or place of care is closed, or the child’s care provider is unavailable due to public health emergency.

Documentation: Provide the following information regarding the child/children to be cared for:

<u>Name of Child</u>	<u>Age of Child</u>	<u>Name of School/Place of Care Closed</u>

Do you represent that no care provider is available and no other person will be providing care for the child/children during the period for which you are receiving leave? Yes No

If any child/children listed is older than fourteen (14), explain the special circumstances that exist requiring you to provide such care:

6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the secretary of Treasury and the Secretary of Labor.

Please note that there are no “substantially similar conditions” specified at this time by the Secretary of Health and the Secretary of Labor.

I have been fully vaccinated for COVID-19: Yes No

~ This may affect length of quarantine time, if applicable.

I understand that I may be required to provide fitness for duty or other medical clearance in order to return to work.

I certify that the information above is true and accurate to the best of my knowledge, and that I will provide all necessary documentation requested by my employer.

Employee Signature: _____ Date: _____

** If completing electronically, your typed name on this document will constitute a signature*