



# North Adams Community Schools

*Excellence: Teach it, Model it, Inspire it, Achieve it!*

## COVID 19 LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_

**Dates I am Requesting Leave:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ **I am in quarantine but able to telework from home.**

- *I am not using Federal Covid Leave days.*

\_\_\_\_\_ **I am in quarantine due to exposure while working in the North Adams School building.**

- *I am teleworking from home.*

\_\_\_\_\_ **I am in quarantine due to exposure while working in the North Adams School building**

- *AND I am unable to telework from home. I have already used my 10 Federal COVID leave days.*

**OR**

### **Federal Qualifying Reasons for Leave Related to COVID-19**

10 days maximum may be used from April 1, 2020, through December 31, 2020, under this Act. Days may be consecutive or spread throughout the time period (as approved by the Superintendent). 10 day limit will be reached when the total days of leave, no matter when those days occur, reaches 10.

**I hereby certify that I am unable to work, including being unable to telework, because:**

\_\_\_\_\_ **1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.**

- *Employee must provide documentation including the name of the governmental entity that issued the quarantine or isolation order.*

\_\_\_\_\_ **2. I have been advised by a health care provider to self-quarantine related to COVID-19.**

- *Employee must provide doctor's slip from the health care provider who advised to self-quarantine.*

\_\_\_\_\_ **3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.**

- *Employee must provide the nature of their symptoms and the name of the health care provider from whom they are seeking a medical diagnosis. (Employee may not take paid sick leave if they unilaterally decide to self-quarantine without medical advice, even if they have COVID-19 symptoms.)*

\_\_\_\_\_ **4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2), and I certify that the individual is a person in my immediate family, who regularly resides in my home, or with whom I have a personal relationship that creates the expectation that I would care for that person. (Employee will receive 2/3 of their normal rate of pay)**

- *Employee must provide the name of the governmental entity that issued the Quarantine or Isolation order or the doctor's slip from the health care provider who advised to self-quarantine, as well as the identity of the individual and relationship to Employee.*

\_\_\_\_\_ **5. I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons. I certify as follows: (Employee will receive 2/3 of their normal rate of pay)**

- (a) no other suitable person will be caring for my child during the period I am seeking leave; and;
- (b) to the extent that my child is over 14 years of age, my inability to work or telework is because of a need to provide care for my child who is over 14 years of age during daylight hours because special circumstances exist that require me to provide care.

- *Employee must provide the name and age of the child being cared for, the name of the school or place of care, and the special circumstances in Paragraph 5(b) above*

Name and age of Children: \_\_\_\_\_

Name of Childcare Provider: \_\_\_\_\_

\_\_\_\_\_ **6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By School Principal or Supervisor:

\_\_\_\_\_

Date: \_\_\_\_\_

Brent Lehman – Superintendent

[www.nadams.k12.in.us](http://www.nadams.k12.in.us)

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