



# Cumberland County Schools

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## 2021/2022 COVID LEAVE REQUEST FORM

TO: HUMAN RESOURCES OFFICE

EMPLOYEE NAME: \_\_\_\_\_

Please print legibly

POSITION: \_\_\_\_\_ SCHOOL/LOCATION: \_\_\_\_\_

By requesting leave under the **Covid-19 Leave Policy 5.3052**, I certify that I am unable to work for the following reason: Dates missed: \_\_\_\_\_

- 1. I am subject to a Federal, State or local quarantine or isolation order related to COVID-19
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19
- 3. I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis
- 4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)
- 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. **Name of School:** \_\_\_\_\_
- 6. I am experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services

I understand that if I qualify for leave for any of the above reasons, this entitles me to an additional ten days of paid sick leave at my daily rate of pay in the 2021-2022 school year.

Part time employees will be prorated based on average hours worked.

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

\_\_\_\_\_  
Date

Contact: Human Resources

Contact: Kim Bray [kbray@ccschools.k12tn.net](mailto:kbray@ccschools.k12tn.net)

Contact: Terri Alford [talford@ccschools.k12tn](mailto:talford@ccschools.k12tn)

Number: 931.484.6135

Fax: 931.484.6425