Form C-19C

The School Board of Gadsden County

**Request for Exposure to COVID-19 In-Line-of-Duty Leave – Board Policy #6.543**

*(Requires Approval by Human Resources and School District)*

Please complete the following request form and submit to your site administrator for signature and then forward to the Human Resources Department as soon as possible before leave commences. Appropriate documentation, as noted below, must be included with the leave request.

The employee has 48 hours in which to be tested for the virus. In accordance with the provisions of Policy 6.543, the employee is entitled to In-Line-of-Duty Leave and will earn his/her regular daily pay.

If the employee can work remotely, the employee must continue while waiting for the test results. If the employee cannot work remotely, then upon receipt of the negative test result, the employee must return to work immediately or 48 hours whichever is sooner.

**Documentation supporting the need for leave must be included with this request, as described below.**

Employee Name (print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The amount of Exposure to COVID-19 In-Line-of-Duty leave being requested is \_\_\_\_\_\_\_\_\_\_\_\_ hours.

I am requesting this leave due to my inability to work due to the following provisions of the policy:

*Any full-time regular employee documented as having been exposed to the COVID-19 virus in the discharge of his/her duties and required to be tested in order to return to the workplace shall be entitled to 48 hours of In-Line-of-Duty Leave. Any additional hours for this type of leave must be in accordance with recommendations from the Centers for Disease Control.*

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

Site Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by:**

HR Department Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_