

**COVID-19 LEAVE
EMPLOYEE REQUEST FOR LEAVE FORM**

This form must be completed and returned to RGSD Human Resources before any request for leave under the COVID Leave will be approved. Questions about the COVID Leave or this form should be directed to Jennifer Williams, Substitute Teacher Liaison, Leave Coordinator. You may be contacted to provide additional information necessary to process your leave request.

Employee Name: _____

Today's Date: _____

If an employee is fully vaccinated against COVID-19, the Board will provide an additional ten days of paid leave to full-time employees who are unable to work or telework for one of the following reasons:

Reason for Leave Request

YOU are unable to work or telework because YOU:

- Are subject to a federal, state, or local quarantine or isolation order related to COVID-19
 - Provide the name of the federal, state, or local quarantine or isolation order related to the COVID-19 virus

- Have been advised by a healthcare provider to self-quarantine because the employee has or may have COVID-19
 - Provide the name of the health care provider advising you to self-isolate or self-quarantine for reasons related to COVID-19:

- Are experiencing symptoms of COVID-19 and is seeking a diagnosis from a healthcare provider
 - Provide the name of the health care provider from whom you are seeking a medical diagnosis:

- Is obtaining a test or diagnosis at the request of the district
 - Provide the name of the health care provider from whom you are seeking a medical diagnosis:

Length of Leave

Date Requested Leave is to Begin: _____,

Anticipated Date Requested Leave Will End: _____,

COVID -19 Leave is only available for use from July 1, 2021 through June 30, 2022, and only for a qualifying reason occurring during that period.

Certification

I certify that the information I have provided is true and correct. I understand that it is my responsibility to notify _____ immediately if there is any change to my leave request above.

Employee signature

Date