

Local COVID Sick Leave Request Form

If you are unable to work due to one of the following reasons, you may be eligible for up to ten (10) days of Positive COVID days or up to seven (7) Quarantine days. These days are currently available until June 30, 2021.

Name of Employee

Dates of Absence

I certify that I was unable to work for the following COVID-19 related reasons:

___1. I was personally subject to a quarantine order due to exposure to a positive COVID case.

___2. I was personally subject to a quarantine due to a household member being tested for possible COVID

___3. I am staying home due to my child, who is a student, being sent home due to COVID protocols. Documentation from outside institution is required for verification.

___4. I have personally tested Positive to COVID.

All proper information was given to Kaci Burton

Verification by Kaci Burton

I certify that the above information is accurate and complete.

Employee Signature

Date