

LOLO SCHOOL DISTRICT

EMPLOYEE COVID LEAVE REQUEST FORM

Employees may be eligible for COVID leave if the employee satisfies necessary eligibility criteria. Employees who wish to apply for COVID leave must complete this form and submit it to Robbi Ludemann in the Business Office or via email. rludemann@loloschools.org.

Employee Name:

Employee Mailing Address:

Preferred Phone Number:

Begin date of COVID leave:

Expected return to work date:

EMPLOYEE REQUEST FOR COVID LEAVE

Employees may be eligible for up to one week of paid COVID leave compensated at the employee's regular rate of pay when the employee is unable to work because the employee meets one or more of the following criteria.

Please check the applicable box(es).

- (a) I am quarantined/isolated in accordance with a Federal, State, or local government order;
- (b) I am quarantined on the advice of a licensed medical provider;
- (c) I am experiencing COVID-19 symptoms and seeking a medical diagnosis/testing;
- (d) I am providing necessary primary care for an individual subject to an order described in (a) or quarantined as described in (b) or a dependent minor who is experiencing symptoms and is seeking a medical diagnosis described in (c). I verify that no other person will be providing care for this individual during the period for which I am requesting COVID leave and that the individual depends on me for care; or
- (e) My minor child's school or childcare provider is closed or unavailable for reasons related directly to COVID-19 and I am unable to obtain alternative childcare. I verify that no other person will be providing care for my child during the period for which I am claiming COVID leave.

Please attach the applicable government order; documentation from a licensed medical provider; verification of providing essential care for an individual subject to (a) or (b) or (c); or documentation verifying the unavailability of daycare, school, etc.

I certify that the above information is accurate and complete. I understand that I fail to report to work on or before the schedule return date indicated above or fail to communication changes in the schedule with my supervisor, I may be subject to discipline as well as denial of COVID leave benefits. I further understand that the District's decision on COVID eligibility is final and not subject to appeal or the grievance procedure.

Employee Signature:

Date signed:

SPACE BELOW FOR DISTRICT OFFICE USE ONLY

Request received by:

Date:

Leave Approved/Denied by:

Date:

Period of Leave Covered by this request (dates):

Number of days: