

To facilitate processing your leave request as quickly as possible, please include all required documentation when submitting your request. The necessary documentation supporting your request should be returned with the attached leave form. You may submit all documentation using the method you are most comfortable using to Francena Robinson in the Benefits Office.

Fax: 910-259-5479

Email: Francena_robinson@pender.k12.nc.us

Mail: 925 Penderlea Hwy, Burgaw, NC 28429

Available leave types and documentation necessary

Sick leave or annual leave – school nurse exclusion from work, doctor's visit summary, test result, or doctor's note

Contagious disease leave – only available to permanent part-time or full-time employees with an isolation or quarantine order signed by the director of the local health department. (Doctor's note is unacceptable for this leave)



PENDER COUNTY SCHOOLS
Request for LEAVE OF ABSENCE DUE COVID19

NAME _____ EMPLOYEE NO. _____

Home Address _____

_____ Telephone(W) _____ (H) _____

School/Department _____ Position/Grade/Subject _____

Reason for Request: _____ Diagnosis _____ Exposure

_____ **Date Leave Should Begin (required)**

_____ **Expected Return to Work Date**

I am requesting to use the following benefits in accordance with State Board of Education Guidelines:

_____ Sick Leave

_____ Annual Leave

_____ Contagious Disease (quarantine or isolation order signed by director of local health department required)

The required documentation is attached to my request. _____ Yes _____ No

Employee's Signature

Date

During my period of quarantine or isolation from work, I am willing and able to telework* to fulfill the duties of my position with Pender County Schools. I will immediately notify my supervisor should I become too ill to work during this period. I will sign and return the attached temporary telework agreement which explains the expectations and requirements for teleworking.

_____ Yes _____ No

***The ability to telework is determined on a case by case basis as this is not an option for all employees.**

I am in agreement with the above named employee teleworking during their period of exclusion, quarantine or isolation from work. I will notify HR immediately should the employee become unable to continue telework during this period.

Principal's/Supervisor's Signature

Date

Approved _____
Chief Officer of Human Resources / Date