

**Employee Remote Work Agreement**

I, Your Name

(check one of the following):

Have been exposed to COVID-19 and am required to quarantine based on a directive from the Arkansas Department of Health and/or the District.

Have tested positive for COVID-19 and am required to quarantine based on a directive from the Arkansas Department of Health and/or the District.

Have received a note from my physician requiring me to quarantine.

I have been informed by the District and acknowledge that in this circumstance, I may be entitled to paid sick leave under the Families First Coronavirus Response Act ("FFCRA"). I further acknowledge that I am not entitled to FFCRA leave if I can work remotely.

I hereby voluntarily elect and agree to work remotely through the earlier of: (a) Date, the date on which my quarantine is lifted; or (b) such time as I am no longer able to work remotely, in which case I agree to inform my supervisor. I therefore voluntarily elect not to use FFCRA leave at this time. By signing this Agreement, I do not waive my right to use FFCRA leave or regular sick leave in the future.

*All forms must be returned to the Superintendent’s office.*

Employee Signature Date

Employee Signature Date

Principal/Supervisor Signature Date

Principal/Supervisor Signature Date