NORTH TONAWANDA CITY SCHOOL DISTRICT

ADMINISTRATIVE SERVICES
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GREGORY J. WOYTILA   **JoANN JOHNSTON**
Superintendent of Schools   Director of Personnel

COVID-19 EMERGENCY PAID SICK LEAVE REQUEST FORM

I, _____ (employee name), request that I be granted leave for the period from _____ (date) to _____ (date) based on the following reason(s) (check all that apply and provide requested information):

☐ Reason 1:   I am currently subject to a Federal, State, or local quarantine or isolation order related to COVID-19;

The government entity that issued the quarantine or isolation order to which I am subject is: _____

☐ Reason 2:   I have been advised by my healthcare provider to self-quarantine related to COVID-19 because my healthcare provider believes (a) I have COVID-19, (b) I may have COVID-19, or (c) I am particularly vulnerable to COVID-19;

The name of the healthcare provider who advised me to self-quarantine for COVID-19 related reasons is: _____

☐ Reason 3:   I am experiencing COVID-19 symptoms (*fever, dry cough, shortness of breath, or any other COVID-19 symptoms identified by the U.S. Centers for Disease Control and Prevention) and am seeking a medical diagnosis (*taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a test for COVID-19;

☐ Reason 4:   I am caring for an individual subject to a quarantine order or self-quarantine, and that individual expects or depends on me for care during his or her quarantine or self-quarantine.

The individual's name is, _____ (name), and his/her relation to me is _____ (*must be (a) an immediate family member, (b) someone who regularly resides the employee's home, or (c) someone with whom the employee's relationship creates an expectation that he/she would care for the person in a quarantine or self-quarantine situation, and that individual depends on the employee for care during the quarantine or self-quarantine).

The individual is (check a. or b. and provide requested information):

a. ☐ Subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The government entity that issued the quarantine or isolation order to which the individual is subject is: _____

or

b. ☐ Advised by a health care provider to self-quarantine related to COVID-19 because the health care provider believes the individual (a) has COVID-19, (b) may have COVID-19, or (c) is particularly vulnerable to COVID-19. The name of the health care provider who advised the individual to self-quarantine for COVID-19 related reasons is: _____

☐ <u>Reason 5</u>: I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

☐ <u>Reason 6</u>: I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

*As of the date of this form's creation, the U.S. Department of Health and Human Services (HHS) has not yet identified any "substantially similar condition" that would allow an employee to take paid sick leave. If HHS does identify any such condition, the Department of Labor will issue guidance explaining when you may take paid sick leave on the basis of a "substantially similar condition." If you believe this reason applies to you, please explain:

_____

_____

CERTIFICATION & SIGNATURE

☐ For the requested leave period, I am unable to work or telework (if telework is an option for my position) based on the above identified reason(s).

☐ I certify that the information I have provided is true and accurate and I understand that providing false or misleading information about my absence(s) could result in disciplinary action, up to and including immediate termination of my employment.

_____   _____

Employee Signature   Date