



**District Paid Covid Leave – Effective 8/23/21 through 6/30/22**

Employee Name (print clearly): \_\_\_\_\_

Employee Position: \_\_\_\_\_

Employee Work Location: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_

Requested Leave End Date: \_\_\_\_\_

The amount of paid leave time being requested is \_\_\_\_\_ (hours/days).

Each employee will be allocated 10 days (pro-rated by FTE) from 8/23/2021- 6/30/2022 to use for the following COVID-19 related absences:

- Employee is COVID symptomatic
- Employee is quarantined as a close contact to COVID + individual
- Employee needs time off to get COVID vaccine
- Employee feels ill after receiving COVID vaccine

- Child is COVID + and requires employee/parent to stay home
- Child is quarantined and requires employee/parent to stay home
- Child’s school or daycare is closed due to COVID

Do you wish to supplement the 2/3 pay with your own leave banks? \_\_\_ Yes \_\_\_ No

\_\_\_ Sick leave \_\_\_ Personal Business \_\_\_ Vacation