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| **Washington County School District****COVID-19 Related Emergency Paid Sick Leave**(April 1, 2020 to December 31, 2020) |
| *LEAVE REQUEST FORM* |
| Employee Name: |  |
| Job title:  | Cost Center: | Date of Hire: |
| Request leave start date: \_\_\_\_\_\_ /\_\_\_\_\_\_ /2020 | Hours Requested:[[1]](#footnote-1) |
| My contact information during leave would be: |
| Address: | Phone: | Email: |

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| **Reason for Paid Sick Leave** | **Rate of Sick Leave Paid** |
|[ ]  1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. | Hourly rate not to exceed $511 per day |
|[ ]  2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. | Hourly rate not to exceed $511 per day |
|[ ]  3. I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis. | Hourly rate not to exceed $511 per day |
|[ ]  4. I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. | 2/3 hourly rate (or at least minimum wage) not to exceed $200 per day |
|[ ]  5. I am caring for my child because the school or place of care has been closed, or the childcare provider is unavailable, due to COVID-19 precautions. | 2/3 hourly rate (or at least minimum wage) not to exceed $200 per day |
|[ ]  6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. | 2/3 hourly rate (or at least minimum wage) not to exceed $200 per day |

***I certify that I am unable to work (telework) due to the reason marked above. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.***

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Up to 80 hours max for full-time employees. Leave may be taken incrementally (the entire period of available paid leave does not have to be taken at one time). [↑](#footnote-ref-1)