

COVID-19 Leave Procedures

Please read the form carefully and complete the form in its entirety. Supporting documentation is required. The following documentation is acceptable:

- 1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. (Must attach any supporting documentation.)
 - Doctor's Note
 - DPH Notice or other DPH Documentation
 - School and/or child care center notice
 - School/District Nurse email confirming need to quarantine/isolate.
- 2. I have been advised to self-quarantine due to concerns related to COVID-19. (Must attach any supporting documentation.)
 - Doctor's Note
 - COVID Test Results
 - Screenshot of At-Home COVID test
 - School/District Nurse email confirming need to self-quarantine.
- 3. I am experiencing symptoms of COVID-19 and seeking medical diagnosis. (Must attach supporting documentation.)
 - Doctor's note
- 4. I am caring for my child whose school or childcare is closed or otherwise unavailable due to COVID-19. . (Must attach any supporting documentation.)
 - Email or other documentation from the school and/or child care center.
- 5. I am caring for an individual who is subject to either number 1 or 2 above.
 - The individual is an immediate family member, or
 - Someone who regularly resides in the Covered Individual's home.
 - This arises only when the relationship creates an expectation that of care for the person in a quarantine or self-quarantine situation, and
 - That individual would depend on the Covered Individual for care during the quarantine or self-quarantine. (Must attach any supporting documentation.) *This Leave does not apply to caring for someone with whom the Covered Individual has no close relationship.*
 - Doctor's note
 - DPH Notice or other DPH Documentation
- 6. *I have been exposed to COVID-19 and am seeking or awaiting the results of a test for COVID-19 or the District has requested such test or diagnosis. (Must attach any supporting documentation)*
 - Doctor's note
 - Copy of COVID-19 Test Results
 - Screenshot of At-Home COVID-19 Test Result
- 7. *I am obtaining the COVID-19 vaccination and/or am recovering from an injury, illness or condition resulting from the COVID-19 vaccination. (Must attach any supporting documentation.)*

- Copy of vaccination card