

IRSD Request for COVID Leave

Submission Date

To request Emergency Paid Sick Leave, please complete the following request and submit via email to IRSDLeaveRequest@irsd.k12.de.us. Submission shall be at least 24 hours prior to return. COVID Leave Eligibility expires 6/30/2022.

Employee Name		Employee ID #	
Position		School	

Reasons for Request:

<input type="checkbox"/>	1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19. (Must attach any supporting documentation.)				
<input type="checkbox"/>	2) I have been advised to self-quarantine due to concerns related to COVID-19. (Must attach any supporting documentation; such as Doctor's notes, clearance letters from Delaware Public Health, and/or COVID Test results.)				
<input type="checkbox"/>	3) I am experiencing symptoms of COVID-19 and seeking medical diagnosis. (Must attach doctor's note at the time of absence to receive Emergency Paid Sick Leave.)				
<input type="checkbox"/>	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.)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name of Individual</td> <td style="width: 45%;"></td> <td style="width: 20%;">Relationship</td> <td style="width: 20%;"></td> </tr> </table>	Name of Individual		Relationship	
Name of Individual		Relationship			
<input type="checkbox"/>	5) I am caring for an individual who is subject to either number 1 or 2 above. <ul style="list-style-type: none"> a. The individual is an immediate family member, or b. Someone who regularly resides in the Covered Individual's home. <ul style="list-style-type: none"> i. This arises only when the relationship creates an expectation that of car for the person in a quarantine or self-quarantine situation, and ii. That individual would depend on the Covered Individual for care during the quarantine or self-quarantine. (Must attach any supporting documentation.) <i>This Leave does not apply to caring for someone with whom the Covered Individual has no close relationship.</i>				
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<input type="checkbox"/>	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; such as Doctor's notes, clearance letters from Delaware Public Health, and/or COVID Test results.)				
<input type="checkbox"/>	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.)				

Allocation of Time:

<input type="checkbox"/> Requesting Emergency Paid Sick Leave	From		To	
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Employee Attestation:

Initial here	My initials certify that I have provided a copy of this COVID-Leave Request Form to the administrator in my building who serves as the building COVID-19 Coordinator.
Initial here	My initials certify I will not engage in other employment during my regularly scheduled hours with the Indian River School District.

Initial here	I understand that providing false or misleading information regarding the need for Emergency Paid Sick Leave or a Temporary Assignment will be grounds for corrective action, up to and including termination of employment.
Initial here	I have attached all necessary supporting documentation; such as Doctor's notes, clearance letters from Delaware Public Health, and/or COVID Test results.

IMPORTANT: INCOMPLETE FORMS WILL BE RETURNED

Employee Signature		Date	
EMAIL COMPLETED FORM TO: IRSDLeaveRequest@irsd.k12.de.us		OR FAX TO: 302-436-1072	OR MAIL VIA US MAIL TO: Indian River School District Attn: Juanita Oakley 31 Hosier Street Selbyville, DE 19975

FOR DISTRICT LEAVE COORDINATOR USE ONLY

Date Received _____

Date Reviewed _____

☐ Approved

☐ Denied

Reason(s) for Denial:

_____ Incomplete Form

_____ Inadequate Documentation Attached

_____ No Documentation Attached

_____ Other

Initials: _____