

Request for Paid Leave COVID -19 - Lafayette School Corporation

Complete the following questions to request paid leave for a COVID-19 related reason. Please e-mail doctors notes or verification of child care closing to [cmeyer@lsc.k12.in.us](mailto:cmeyer@lsc.k12.in.us). Your request will not be finalized until documentation is received. By completing this form, I affirm that all the information I have provided on this forms is true and accurate, and I acknowledge my duty to immediately notify the HR Department if circumstances change that make any of the information provided herein no longer accurate.

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_

School or Work Location: \_\_\_\_\_

Month, Day, Year that Leave Commences: \_\_\_\_\_

Month, Day, Year that Leave Ends: \_\_\_\_\_

Reasons you are unable to work: (Check one)

1. \_\_\_\_\_ Employee is subject to a Federal, State or local quarantine/isolation order related to COVID -19 (e-mail a copy of the order to [cmeyer@lsc.k12.in.us](mailto:cmeyer@lsc.k12.in.us))
2. \_\_\_\_\_ Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (send documentation from health care provider to [cmeyer@lsc.k12.in.us](mailto:cmeyer@lsc.k12.in.us))
3. \_\_\_\_\_ Employee is experiencing symptoms of COVID-19 and seeking a diagnosis (Note: if provider informs you that you should self-quarantine because you have COVID-19, then you will need to complete a new form indicating reason #2 above).
4. \_\_\_\_\_ Employee is caring for an individual who is subject to a Federal, State or local quarantine/isolation order or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19 (send a copy of the order or written documentation from the healthcare provider to [cmeyer@lsc.k12.in.us](mailto:cmeyer@lsc.k12.in.us)).
5. \_\_\_\_\_ Employee is caring for his/her child (under the age of 18) whose school or place of care has been closed, or the child care provider is unavailable, due to COVID-19 precautions (send supporting documentation establishing school or place of childcare closure to [cmeyer@lsc.k12.in.us](mailto:cmeyer@lsc.k12.in.us)).
6. \_\_\_\_\_ Employee is 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 (not likely going to apply).

Part 2

If you checked number 3 above, list the date and provider you are seeing:

If you checked number 4 above, list the name and the relation to you of the individual you are caring for:

If you checked number 5 above, list the school or child care facility that has been closed due to COVID-19:

If you checked number 5 above and are requesting intermittent leave, please enter the days you will be on leave; (Example; Monday, Wednesday, Friday):