

Request for COVID-related Administrative Leave

Please indicate which of the following situations applies

Possible Paid Administrative Leave Scenarios:

_____ I have tested positive for COVID and have used all of my available FFCRA and sick leave.

_____ I have been directed by the ELVPHD to quarantine and have used all of my available FFCRA and sick leave.

_____ I have an underlying health condition that is documented by a physician's note indicating that I cannot work due to that condition and COVID, and I have used all of my available FFCRA and sick leave.

_____ I need to care for an immediate family member who has COVID (or my child who is quarantined). I have submitted documentation from a physician or the ELVPHD regarding his/her COVID status, and I have used all of my available FFCRA and sick leave.

Possible UNpaid Administrative Leave Scenarios:

_____ I have an underlying health condition, but I do not have a doctor's note indicating that I cannot work due to COVID, and I have used all of my personal and vacation days.

_____ I am afraid to come back to work due to COVID, and I have used all of my personal and vacation days.

Please attach any documentation that you have from the ELVPHD or your physician. Also attach any other information that you would like the Superintendent to consider in regards to your leave request.

I attest that the above and attached information is a true and accurate account of my situation and reason for applying for administrative leave. I understand that approval of my leave is at the discretion of the Superintendent and cannot be appealed.

Staff Signature: _____ Date: _____
(typed signature is acceptable)

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**FOR INTERNAL/ADMIN USE ONLY:**

\_\_\_\_\_ Approved Paid Administrative Leave

\_\_\_\_\_ Approved UNpaid Administrative Leave

\_\_\_\_\_ Leave NOT approved Number of Admin Days

Approved: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Additional Info: \_\_\_\_\_  
\_\_\_\_\_