

LANCASTER SCHOOL DISTRICT
2022 COVID-19 SUPPLEMENTAL PAID SICK LEAVE

A leave request based on an employee who is unable to work or telework due to employee who (1) is subject to Federal, State, or local quarantine or isolation order; (2) has been advised by a healthcare provider to self-quarantine; (3) is attending an appointment to receive a vaccine or booster or family member is attending an appointment to receive a vaccine or a booster; (4) is experiencing symptoms related to a COVID-19 vaccine; (5) is experiencing symptoms of the COVID-19 and seeking medical diagnosis; (6) is caring for individual subject to an order as described in (1) or has been advised as in (2) or is ill as in (4) or (5); (7) is caring for a child at home due to school or place of care closure for reasons related to COVID-19 on the premises.

Date of Request	Print or Type Name of Requestor (Last, First, and Middle)			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Home Telephone Number	Work Location			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Job Title	Name of Immediate Supervisor			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Requested Dates of Leave	Continuous	Intermittent	No of Days Per Week	
From: <input style="width: 95%;" type="text"/>	To: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Up to 5 work days, or 40 hours for full time employees
Addition of up to 5 work days or 40 hours for full time employees with proof of positive COVID-19 test results for a maximum of 10 work days, or 80 hours for full time employment

REASON FOR LEAVE (Supporting documentation must accompany this form)

Full Pay (up to \$511 per day)

- (1) Employee is subject to Federal, State, or local quarantine or isolation order
- (2) Employee has been advised by a healthcare provider to self-quarantine
- (3) Employee or employee's family member is attending an appointment to receive a COVID-19 vaccine or booster
- (4) Employee is experiencing symptoms related to a COVID-19 vaccine or booster (up to 3 days without medical note)
- (5) Employee is experiencing symptoms of the COVID-19
- (6) Employee is caring for individual subject to an order as described in (1) or has been advised as in (2) or who is ill as in (4) or (5)
- (7) Employee is caring for a child at home due to school or place of care closure for reasons related to COVID-19 on the premises

Signature of Requestor	Date Signed
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Signature of Administrator	Date Signed
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

FOR HUMAN RESOURCES SERVICES USE ONLY

Proof of Positive COVID-19 test of employee's or employee's family member has been submitted

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Authorized Signature	Date Signed
		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Pay Type: FULL PAY (up to \$511 per day - CERTIFICATED)
 CLASSIFIED
 OTHER _____