Gadsden City Schools

COVID EMPLOYEE LEAVE REQUEST FORM
FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)
(Up to 10 paid days available)

Employee Name: _____ Job Title: _____

Home School/Location: _____

First Date of Leave: _____ Duration of Requested Leave: _____
(in work days)

Reason for Leave (Check one)

_____ 1 – I am subject to federal, state or local COVID-19 **quarantine/isolation order**.
(NOTE: Not currently available in Alabama)

_____ 2 – I have been advised to **self-quarantine** by health care provider due to COVID-19.
(Certification from health care provider may be required)

_____ 3 – I am experiencing **symptoms of COVID-19** and am seeking a medical diagnosis.
(Certification from health care provider may be required)

_____ 4 – I am **caring for a person** subject to federal, state, local or health care official's COVID-19 quarantine/isolation order.
Name of other person: _____
Relationship to me: _____

_____ 5 – I am caring for a son or daughter whose **school has been closed** due to COVID-19 or whose childcare is unavailable during COVID-19.
Child(s) Name(s): _____
Closed School(s): _____

_____ 6 – I am experiencing a **substantially similar condition** as designated by the Department of Health and Human Services.

Name of the Government entity or health care provider that issued the quarantine order to self-isolate:
_____

I certify that the above information is correct and my request is based on the reason indicated.

Employee Signature: _____ Date Signed: _____

-CENTRAL OFFICE USE ONLY-

_____ APPROVED _____ DENIED COMMENTS/NOTES: _____

_____ _____

APPROVER SIGNATURE **DATE**