



ORE CITY

Independent School District

LOCAL COVID-19 LEAVE REQUEST

EXPLANATION

Employees (starting on their first day of employment) are eligible for up to 10 days or 80 hours (or 40 hours of a part-time employee's two-week equivalent) of fully paid COVID-19 Local Leave. If unable to work or telework because of one of the following four reasons:

1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
4. The employee is caring for their immediate family member who meets applicable reason 1-3 listed above, is hospitalized, or if the school or place of child care of the immediate dependent by birth, marriage, court has been closed, or the childcare provider is unavailable, due to COVID-19 closures, or applicable reason 1-3 listed above.

These local leave provisions will apply from September 1, 2021 through August 31, 2022

If you wish to request local COVID-19 leave submit the following documents and this form to your campus secretary or immediate supervisor.

1. An Absence From Duty Request
2. One of the following supporting documents (as applicable)
 - A. Doctor's note
 - B. School/Provider note
 - C. Test result (*not an at home test*)

REQUEST FOR LEAVE IF UNABLE TO WORK OR TELEWORK DUE TO COVID-19

Employee Name: _____

Leave Start Date: _____ Estimated Leave End Date: _____

Please check the applicable reason for your COVID -19 Leave Request:

- I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
(*Note: Texas Governor's Executive Order GA-14 through GA-17 or a local Stay Home-Work Safe Order do not qualify as quarantine or isolation orders.*)

Identify the governmental entity issuing the order: _____

- I have been advised by a health care provider to self-quarantine due to COVID-19 related concerns.
- I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- I am unable to work or telework in order to care for an immediate family member, or minor child because their school is closed or child care is not available due to COVID-19. By signing this request, I represent that I am the only adult available to care for the child/children listed below during normal working hours for the duration of time for which I am seeking paid leave.

I wish to request FMLA/COVID-19 Leave for _____ weeks (Maximum of 12 weeks further FMLA paperwork may be required.)

Please include information for all children whose childcare provider is unavailable:

Child's Name	Age	Name of School or Child Care Provider

If any of the children listed above are age 14 or older, describe any existing special circumstances that require you to provide care:

_____ *Documentation supporting this request may include a notice from a website, newspaper, or an email or note to parents from an official or employee of the place of care, or childcare provider.)*

Documentation:

- My documentation is attached.
- I am unable to provide the applicable requested documentation to support my request, but I am providing the appropriate contact information of the medical provider or entity regarding my request, and I give the district permission to contact the medical provider, child care provider, or entity regarding mine, or my immediate relatives COVID-19 restrictions:

Name: _____ Phone # _____

Address: _____

Immediate Relatives Name and Date of Birth: _____

I am requesting _____ days of COVID-19 Leave

**I understand that pursuant to Board Policy DEC (LOCAL), "when an absent employee is eligible for FMLA leave, the District shall designate the absence as FMLA leave, COVID-19 Local Leave of more than 10 days will be deemed as FMLA Leave."

**If necessary, verbal notice of your leave may be accepted until a completed form can be signed. However, a verbal notice and acceptance of your leave does not guarantee your leave will be approved as COVID-19 Leave unless all criteria has been met.

By signing below, I swear and affirm that the information contained in this request for COVID-19 Local Leave is accurate and complete to the best of my knowledge, and acknowledge that employment ramifications may result should I provide false information, misrepresent information, or fail to comply with any requirements related to such leave and any other applicable district policy.

Employee Signature: _____

Employee Printed Name: _____ Date: _____