

Lancaster School District

44711 North Cedar Avenue, Lancaster, California 93534-3210 (661) 948-4661 Fax (661) 942-9452

Request for COVID-19 Supplemental Paid Sick Leave March 29, 2021 through September 30, 2021

Name: _____ Date of Hire: _____

Today's Date: Position Site:

I am unable to return to work due to one of the reasons listed below:

- 1. I was subject to a federal, state, or local guarantine or isolation order related to COVID-19
- 2. ____I was advised by a health care provider to self-quarantine or self-isolate due to concerns related to COVID-19
- 3. ____I was prohibited from working by the Lancaster School District due to health concerns related to the potential transmission of COVID-19
- 4. I was attending an appointment to receive a vaccine for protection against contracting COVID-19
- 5. ____I was experiencing symptoms related to a COVID-19 vaccine that prevent the employee from being able to work
- 6. _____I was experiencing symptoms of COVID-19 and seeking a medical diagnosis
- 7. I was caring for a family member who is subject to a guarantine or isolation order, has been advised to self-quarantine or self-isolate by a healthcare provider, or is experiencing symptoms of COVID-19 and seeking a medical diagnosis
- 8. I was caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19.

Effective dates: From ______ through ______ Approved/Initialed by Administrator: _____

All reasons above will require supporting documentation. Examples listed below:

- a copy of the guarantine or isolation order
- a written documentation from a health care provider advising self-quarantine
- a notice posted on a government, school, or day care website, or published in a newspaper, or a formal communication from an employee or official of the school, place of care, or childcare provider.

Employee Signature

Date

Approved/Denied:

Deputy Superintendent, Human Resources Signature

Date

Processed by HRS: _____