

LAWRENCE COUNTY
SCHOOL  SYSTEM

COVID-19 Pandemic Leave
Effective Aug 2, 2021 - May 27, 2022

(revised 1/21/2022)

EMPLOYEE NAME: _____

POSITION: _____ SCHOOL/LOCATION: _____

Date Leave Began: _____ Date Leave Ended: _____

Section A (Check all that apply)

- I will be using COVID-19 Pandemic Leave and certify that I am unable to work, including unable to telework (work from home) for the COVID-19 reason selected in Section B. Employees are prohibited from performing duties for an outside job during his/her regular working hours for LCSS.
- I worked remotely _____ days. I was unable to work remotely _____ days.
- I am being required to quarantine due a work exposure.

Section B

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19, due to a positive test. (It will be a 10 day isolation.) Date of Positive Test: _____
- 2. I have been advised by a health care provider to self-quarantine related to COVID-19.
- 3. I am experiencing COVID-19 symptoms and I am seeking a medical diagnosis.

I understand that if I qualify for leave under reasons 1-3, this entitles me to an additional two weeks of paid sick leave paid at the higher of either my regular rate of pay or Federal minimum wage, limited to no more than \$511 daily.

(Employee Signature)

(Date)

I verify that I pre approved the employee's request to teach remotely and that remote work occurred on the days listed above.

(Principal Signature)

(Date)

Please don't forget to... ATTACH Documentation