



Leave of Absence - COVID-19 Leave Request Form (Revision Effective Date 07/1/2020)

On July 1, 2020, the Governor issued Executive Order 20-29 authorizing David Douglas School District to safely begin to reopen schools under guidance provided by the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE). If you are in need of a leave due to COVID-19, **and cannot or are not permitted to telework** you may be eligible for protected leave under the Families First Coronavirus Response Act (FFCRA). This Request Form is to document and expedite the COVID -19 Leave approval process. Completed forms must be submitted to HR department for approval.

Eligible reasons for leave include:

- **Health Purposes** if you cannot work or telework and you have symptoms associated with COVID-19 and are seeking a diagnosis, contract COVID-19 and are too ill to work, have been exposed to COVID-19 and have symptoms associated with COVID-19, your health care provider determines that your presence in the workplace will jeopardize the health of others in the workplace because of your likely exposure to COVID-19 or will jeopardize your health because of an underlying health condition, or a health care provider advises you to self- quarantine due to any concerns related to COVID-19
- **Caregiving** if you are caring for an individual who is ill with a confirmed case of COVID-19, who has been advised by their health care provider to self-quarantine due to any concerns related to COVID-19, or who is subject to a Federal, State, or local isolation or quarantine order related to COVID-19, and you cannot work or telework
- **School or Childcare Provider Leave** if you need to care for your child who is under age 18, or age 18 or older and incapable of self-care because of an ADA-covered disability, and you cannot work or telework

Health Leave and Care Leave that also constitutes Family and Medical Leave Act leave can be taken on an intermittent or reduced schedule basis. All other types of COVID-19 Leave may be taken on an intermittent or reduced schedule basis with permission from the Superintendent's office.

Completing this Request Form

Employees must complete and submit this Request Form to HR_COVID@ddsd40.org and receive approval for use of COVID-19 Leave. *Human Resources may require supporting documentation.*

Employees who are "essential" are required to receive additional authorization by their appointing authority to use School Leave or Care Leave.

Employees must promptly complete a new Request Form and receive a new approval for use of COVID-19 Leave if the reason for their need for COVID-19 Leave changes.

Employees must notify the Leave Coordinator and their supervisor promptly once their need for COVID-19 Leave ceases.

The completed Request Form must include your electronic/written signature. Forward the completed Request Form to Human Resources. Human Resources will review your request.

Please do not disclose any genetic information. “Genetic Information” includes: Information about an individual’s genetic tests; information about genetic tests of an individual’s family members; information about the manifestation of a disease or disorder in an individual’s family members (family medical history); an individual’s request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Privacy Notice: The District is requesting you, the employee, to complete this Request Form so Human Resources can assess whether you qualify for COVID-19 Leave. Upon the form's submission, HR will review the data and come to a determination regarding your eligibility. You are not legally required to provide us with the data requested on this form; you may refuse to do so. However, failure to complete this form in its entirety may result in a denial of your request for COVID-19 Leave.

Employee Name: _____ **Building:** _____

If not the Employee please print name and relationship: _____

Anticipated Leave requested

I am requesting full leave from _____ to _____, with an anticipated return to work date of _____.

At this time, I am unsure of the length of leave I will need.

I am requesting a reduced telework schedule. (Indicate your reduced schedule as well as the date you anticipate to return to your normal work schedule.)

Reason for Leave

COVID-19 Health Leave

I must be absent from work because of one or more of the following reasons and I am unable to telework because my job responsibilities cannot be performed through telework, I am too ill to telework, or I am not permitted to telework by my supervisor: *(Please check all that apply)*

I have symptoms associated with COVID-19 and I am seeking a medical diagnosis of COVID-19. I am ill with a confirmed case of COVID-19.

I have been exposed to a person with a confirmed case of COVID-19 and I am exhibiting a cough or shortness of breath/difficulty breathing and a fever.

A health care provider has determined that my presence in the workplace may jeopardize the health of others in the workplace because of my likely exposure to COVID-19.

A health care provider has determined that my presence in the workplace may jeopardize my health because of my underlying health condition(s) which render me at greater risk of serious illness if exposed to COVID-19.

A health care provider has advised me to self-quarantine due to concerns related to COVID-19.

COVID-19 Care Leave

I must be absent from work because I am caring for an individual who is ill with a confirmed case of COVID-19, who has been advised by a health care provider to self-quarantine for reasons related to COVID-19, or who is subject to a Federal, State, or local isolation or quarantine order related to COVID-19 and: *(Please check all that apply)*

- My job responsibilities cannot reasonably be performed through telework, I cannot reasonably perform telework while also providing care, or I am not permitted to telework by my supervisor.
- The individual I am caring for is my family member. *Family members are your spouse, child, adult child, sibling, parent, parent-in-law, grandchild (including biological, step, adopted, and foster grandchild), grandparent, or stepparent.*
- The individual I am caring for is not my family member.

COVID-19 E-FMLA School Leave:

I must be absent from work because I need to care for my child* whose school or place of care has been closed, or my child’s care provider is unavailable, for reasons related to COVID-19 and: *(Please check all that apply)*

- My job responsibilities cannot be performed through telework, I cannot reasonably perform telework while providing childcare, or I am not permitted to telework by my supervisor.
- At least one of my children for whom I am caring is aged 17 and under OR is over 18 years of age and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended) **AND** I acknowledge that I am the only caregiver available to provide care.

Full name and age of each child:

Name of school or childcare provider:

- All of my children for whom I am caring are under age 18, and do not have a disability as defined by the Americans with Disabilities Act (as amended) that renders them incapable of self-care.

**“Child” is the employee’s biological, adopted, or foster child, stepchild, legal ward, or child via in loco parentis, who is either under age 18, or age 18 or older and incapable of self-care because of a mental or physical disability as defined by the Americans with Disabilities Act (as amended).*

I certify that the information I have provided in this form is true and correct. This information is subject to verification. Any employee who submits false information is subject to disciplinary action, up to and including termination.

Employee Signature:		Date:
Employee Representative:		Date:
Human Resources Signature:		Date:

Human Resources Use: Do not write in this section

Approved from _____ to _____ Denied

Date _____