

# Wetzel County Board of Education

## Local COVID Leave Request Form

Name of Employee:	Employee ID Number:	Job Location:	Job Position:

### A. INSTRUCTIONS TO EMPLOYEE

The Wetzel County Board of Education has a local policy providing for 10 paid days of COVID-19 leave under certain circumstances, whereby a regular employee is not required to use their accrued earned days. These provisions will apply from **August 23, 2021 through December 31, 2021**. If you believe you qualify for COVID related leave, please complete sections B, D, and G of this form and submit it to your supervisor (submission instructions are below). Be as specific as you can. While you are not required to provide the information requested, your failure to do so may result in denial of your request. For some requests, you may be required to submit medical or other appropriate documentation.

### B. QUALIFYING REASONS for COVID-RELATED LEAVE and SUPPORTING DOCUMENTATION / INFORMATION

The chart below lists *three* qualifying reasons for COVID-related leave. To qualify, you must certify that you are unable to come to work or to work from home (telecommute) due to one of these reasons. Please circle (in the first column) the reason you qualify. The third column lists documentation you must provide to support your request. If documentation is unavailable, you may provide the information requested and certify that such information is true and accurate by your signature at the end of this form. For medical documentation, please review the clarification at the end of this form.

Select	Covered Reason for COVID-related leave (please select one)	Documentation or Certification Required
1	I am subject to a quarantine by a health-care provider for COVID-19 concerns due to school-related contact.	Documentation of order is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  If not available, identify relevant Order received: _____ _____.
2	I am seeking a medical diagnosis out of concern for COVID-19, or I am seeking to be tested for COVID-19.	Medical documentation of advisement is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>If not available</i> , provide name and contact info of advising HCP: _____ Date of advisement by HCP: _____.
3	I tested positive for COVID-19.	Medical documentation of my diagnosis, or my efforts to obtain a diagnosis, is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  <i>Or</i> , provide name and contact info of HCP contacted: _____ Date of contact with HCP: _____.

**C. EXPLANATION OF BENEFITS AVAILABLE**

- You will receive **full current pay** (wages or salary, as applicable for **up to 10 days**).

**D. AMOUNT OF LEAVE REQUESTED**

What is your requested start date?	
How many days are requested? (Up to 10 days for FT employees.)	
If intermittent days are requested, list dates (if known at this time) of all days that you request for intermittent leave.	

**E. RETURN TO WORK**

Prior to completion of the Leave of Absence, the employee shall report his or her readiness to resume employment to his or her supervisor prior to the date of returning to work. A medical document stating the date to when the employee is to return to work is required for those on local COVID-19 leave.

**F. HOW TO SUBMIT THIS FORM**

Please sign and submit this form **to your supervisor** by (1) hand delivery, or (2) email. If submitting by email, attach as a PDF. If you cannot create a PDF, attach a *legible* photograph of the form, taken on a smart phone.

**G. CERTIFICATION BY EMPLOYEE**

I certify that the information I provided above is true and correct, and that any documentation I submitted is true and correct. I certify that because of the Covered Reason selected in Section B, I am unable to work, including by telework, for such reason. I understand that my failure to provide truthful information on this form, or my usage of Local COVID leave for any purpose other than those describe above, may result in disciplinary action, including termination.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**H. OTHER IMPORTANT INFORMATION**

**MEDICAL DOCUMENTATION:** If you submit medical documents in support of your request, it should be signed by a licensed HCP and state that you qualify under one of the designated reasons for Local COVID leave. Such documentation need not include any explanation about a particular illness, injury, or other medical condition. You do not need to provide personal medical information. Moreover, recognizing the difficulty of obtaining medical documentation in the current environment, the alternative information requested may be sufficient to support your request.

**RETALIATION PROHIBITED:** Wetzel County Schools will not take adverse action against you for requesting Local COVID leave, using Local COVID leave, or attempting to exercise a right under Local COVID leave. If you believe you are being retaliated against for these reasons, notify Personnel immediately.

**OTHER LEAVE:** Wetzel County Schools will not require you to use any other type of paid leave prior to using Local COVID leave.

**EXPIRATION:** Local COVID leave is available starting on August 23, 2021. The policy expires on December 31, 2021. The Board does reserve the right to abolish the policy prior to December 31, 2021, if for example, but not limited to, federal legislation that may afford similar relief to our employees.

**I. APPROVAL SIGNATURES**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Asst. Superintendent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_