Caddo Parish Public Schools

COVID Official Absence Request Form

The information contained in this document is exempt from the Public Record Laws of the State of Louisiana

(August 1, 2020 – December 31, 2020)

Employee Name		**Email Address**	
Job Title		**Job Location**	
Home Number		**Cell Number**	
Address		**Employee Social or Employee ID Number**	
		Number of Days Requested	

☐ **Initial Request** ☐ **Amended Request**

Begin on _____ End on _____

Month Day Year Month Day Year

REQUEST FOR FAMILIES FIRST CORONAVIRUS RESPONSE ACT: EMPLOYEE PAID LEAVE RIGHTS
Check the appropriate request option below according to the circumstances for this request.
Also, attach supporting documentation to this form.

I am requesting the following:

10 paid days of leave due to: (please check one)	
☐	The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19. Provide the name of the government entity ordering your quarantine or isolation order, or attach a copy of the same: _____
☐	The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Provide the name of the health care provider who advised you to self-quarantine: _____ The self-quarantine order is related to the following (please check the box that applies to your situation): ☐ I have COVID-19 which has been confirmed by a laboratory test ☐ My health care provider believes I have COVID-19 ☐ My health care provider believes I am particularly vulnerable to COVID-19 ☐ None of the above Attach any written documentation from the above provider confirming his/her advice that you self-quarantine.
☐	The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. Describe the symptoms you are experiencing: _____ _____ _____ Provide the name of the health care provider from whom you are seeking a medical diagnosis: Name:_____ Date you are to be tested or you are scheduled to be seen by the provider: _____

10 paid days of leave paid at two-thirds my daily rate of pay due to: (please check one)	
☐	The employee is caring for an individual who is subject to a federal, state or local quarantine or isolation order. Name of the individual for whom you are providing care: _____ Your relationship to the above individual:_____ Provide the name of the governmental entity ordering such individual's quarantine or isolation order, or attach a copy of the same: _____
☐	The employee is caring for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. Name of the individual for whom you are providing care: _____ Your relationship to the above individual: _____ Provide the name of the health care provider who advised the above individual to self-quarantine: _____ The self-quarantine order is related to the following (please check the box that applies to your situation): ☐ The above individual has COVID-19 which has been confirmed by a laboratory test ☐ The above individual's health care provider believes s/he has COVID-19 ☐ The above individual's health care provider believes s/he is particularly vulnerable to COVID-19 ☐ None of the above Attach any written documentation from the above provider confirming his/her advice that this person self-quarantine.
Up to 12 weeks of leave paid at two-thirds my daily rate of pay due to: (please check one)	
☐	The employee is caring for his or her child if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable, due to COVID-19 precautions. Provide the full name and age of the son(s)/daughter(s) for whom you are providing care: Name(s): _____ Age(s): _____ (Note – the child must be under the age of 18 years old unless the son or daughter (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability) Name(s) of school(s)/childcare provider(s) which is closed or unavailable: _____ **NOTE** – by completing the certification below, you are confirming that no other person will be providing care for the child(ren) during the period for which you are receiving leave. For non-public schools or any childcare provider, you may attach documentation confirming that your son/daughter's school is closed, or the childcare provider is unavailable, due to a public health emergency. Examples of acceptable documentation include: (1) a notice posted on a government, school, or daycare website; (2) a notice published by a local news publication; (3) an email or other correspondence from a duly authorized employee or representative of your son/daughter's school or childcare provider.

By signing below, I certify that I am unable to work based on the reason(s) that I have identified above. I acknowledge that I have read the Caddo's FFCRA policy, and I understand all of my leave responsibilities. For COVID leave that extends longer than 10 days, I understand that I must submit a FMLA request to Personnel. I authorize the release of the information requested to Caddo Parish Public Schools as part of my request for COVID leave of absence. My signature also confirms that I understand it is my responsibility to submit this form to the Personnel Department within three business days of the first day of absences. Failure to submit this form to Human Resources may result in your leave being unpaid. **I UNDERSTAND THAT FALSIFYING INFORMATION RELATED TO THIS REQUEST IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.**

Employee Signature:	Date: