

SENECA R7 SCHOOL DISTRICT COVID-19 Leave Request Form

Employees requesting leave related to COVID-19 should complete this form. All other leaves will follow standard procedure.

****This completed form must be returned to Central Office by email or fax only****

smailes@senecar7.com

417-776-2177

Do not report to work if you have been diagnosed with COVID-19, are exhibiting any symptoms of COVID-19, or if you have been exposed to an individual with a confirmed case of COVID-19. Notify your supervisor.

Employee Name: _____ Bldg/Gr Taught: _____

Home/Cell Phone # _____

I am requesting my leave to begin on _____ (date)

Name of entity that called for quarantine: _____

I am requesting Emergency Covid paid sick leave and/or Expanded FMLA due to (please check the applicable scenario):

Select	Reason	Amount
	Employee is subject to a federal, state or local quarantine or isolation order	2 weeks-Regular rate of pay capped at \$511 a day or \$5100 total
	Employee is advised by a healthcare provider to self-quarantine because the employee has the virus, may have the virus, or is particularly vulnerable to the virus	2 weeks-Regular rate of pay capped at \$511 a day or \$5100 total
	Employee is experiencing symptoms and seeking a diagnosis from a healthcare provider	2 weeks-Regular rate of pay capped at \$511 a day or \$5100 total
	Employee is caring for an individual who is subject to a quarantine or isolation order or has been advised to self-quarantine by a healthcare provider (must be relative, roommate, or other personal relationship that creates an expectation of care).	2 weeks - Two-thirds (2/3) of regular rate of pay up to \$200 per day or \$2000 total
	Employee is caring for a son or daughter if the school or place of care has been closed or the childcare provider is unavailable due to COVID-19. **Signature required below	2 weeks - Two-thirds (2/3) of regular rate of pay up to \$200 per day or \$2000 total

**I attest there is no other suitable person to care for my children _____

Name of Provider that is closed: _____

It is the responsibility of the employee to report to Central Office when you have returned to work

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize the Seneca R7 School District to obtain and verify any necessary information regarding my request.

Employee Signature

Date

Superintendent Signature

Date