



**Elwood Community School Corporation**  
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Dr. Joe Brown  
 Superintendent

Mrs. Sherri Cripe  
 Director of Learning

Mrs. Linda Jones  
 Director of Business

Mrs. Theresa Houghton  
 HR & Payroll

## **REQUEST FOR EMERGENCY PAID SICK LEAVE**

Pursuant to federal law, employees are entitled to up to a total of two-weeks of paid leave for certain COVID-19 related absences occurring between April 1 and December 31, 2020. Please be advised that this Emergency Paid Sick Leave will be applied before any sick, personal, or other available paid time off, in the event an employee is eligible for Emergency Paid Sick Leave.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Building: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

Reason for Leave (check all that apply):

\_\_\_\_\_ (1) I am subject to federal, state, or local quarantine or isolation order

Name of government entity issuing order: \_\_\_\_\_

\_\_\_\_\_ (2) I have been advised by a health care provider to self-quarantine based on belief that I have or may have COVID-19 or due to a particular vulnerability to COVID-19.

Name of health care provider giving advice: \_\_\_\_\_

\_\_\_\_\_ (3) I am experiencing fever, dry cough, shortness of breath, or another COVID-19 symptom identified by the CDC and am seeking a medical diagnosis. I will report to my employer promptly upon receiving diagnosis or test results.

\_\_\_\_\_ (4) I am caring for a person who has been advised by a health care provider to self-quarantine based on belief that the individual has or may have COVID-19 or due to a particular vulnerability to COVID-19 OR who is subject to a local, state, or federal quarantine or isolation order. This person is dependent upon me for care and is unable to self-care.

[Employee will receive 2/3 pay]

Name of health care provider giving advice (if applicable): \_\_\_\_\_

Name of individual being cared for: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

\_\_\_\_\_ (5) I am caring for my child because my child's school or daycare is closed, or my regular child-care provider is unavailable due to Coronavirus. By selecting this reason, I am certifying that no other suitable person is available to care for my child during the period of requested leave. [Employee will receive 2/3 pay]

Name of child(ren): \_\_\_\_\_

Name of school/daycare/care provider: \_\_\_\_\_

If child is over age 14, describe any special circumstances that exist that require you to provide care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (6) I am experiencing a substantially similar condition specified by U.S. Health and Human Services (HHS). [Employee will receive 2/3 pay]

Identify condition: \_\_\_\_\_

Other information or comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have previously used \_\_\_\_ hours of Emergency Paid Sick Leave (Include any hours used with any previous or other employer).

I certify that I am unable to work because of the reasons selected above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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FOR OFFICE USE ONLY:

\_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee notified on (date): \_\_\_\_\_

\_\_\_\_\_ Denied By: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee notified on (date): \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_