

LOWER TOWNSHIP PUBLIC SCHOOL DISTRICT

COVID-19 LEAVE REQUEST

The Federal Families First Coronavirus Response Act expired effective December 31, 2020.

Directions: These days would be effective beginning January 1, 2021. **Complete all information and inter-office mail or email to Patti Jacob, Superintendent’s Secretary.** Once submitted, it will be reviewed, approved or denied. **Submitting this form does not guarantee your request.**

Please print clearly:

Employee Name	Last 4 Digits of Social Security #xxx-xx_____
Date Submitted	Principal/Supervisor
Title/Position	School/Building
Anticipated Leave Start Date	Anticipated Leave End Date
Total Hours Requested	Date of Employment

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Please circle only one option which applies to you regarding quarantining:

- (A) Close contact with positive student..... **Yes**
- (B) Close contact with positive staff member in school..... **Yes**
- (C) Close contact with positive staff member out of school..... **Yes**
- (D) Close contact with positive family member..... **Yes**
- (E) No child care due to COVID-19..... **Yes**
- (F) Presenting COVID-19 symptoms..... **Yes**
- (G) Unable to work from home or telework is not available..... **Yes**
- (H) Other reason: _____ **Yes**

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Explanation of chargeable time:

(A) & (B).....Not chargeable to Sick Time

(C), (D) & (F)Chargeable to Sick Time

(E).....Chargeable only to Personal Time or Without Pay

*(G & H).....Needs approval of Superintendent or Designee

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MUST BE SIGNED BY EMPLOYEE:

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline and up to and including termination.

Employee Signature: _____ Date _____

Internal:

Reviewed and approved by: _____ Date _____

Dates of Leave: FROM: _____ TO: _____

Payroll Information: _____

Copies: ___ Employee ___ Payroll ___ Superintendent ___ Other: _____