

# **LUVERNE PUBLIC SCHOOLS**

## **ABSENCES RELATED TO COVID-19**

- 1) First contact should be made to your Supervisor or Principal via an in-person phone call.
  - 2) Second contact should be made to School Nurse Phil Paquette to coordinate and verify quarantine dates, etc.
  - 3) Paperwork needs to be submitted to the District Office – submission may be made via technology (i.e. email)  
Forms can be found on the school's website under "Staff Links" – "COVID-19" link
- Please review and complete the Families First Coronavirus Response Act Leave Request Form
  - Once completed, please submit this form to the District Office
  - Please be sure to include requested documentation with the form, if possible
  - You will receive a follow-up once your request has been reviewed and a determination has been made if it is approved or denied.
  - We may request additional information, if needed.

PRIOR TO YOUR RETURN – please communicate with your Supervisor or Principal your actual return to work date.

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## FAMILIES FIRST CORONAVIRUS RESPONSE ACT LEAVE REQUEST FORM

NAME		HOME PHONE	
POSITION		SUPERVISOR/PRINCIPAL	
Absence Information: <input type="checkbox"/> This is a new request <input type="checkbox"/> This is an update or change to an existing request			
REQUESTED DATES:	START:		ANTICIPATED RETURN:
TYPE OF LEAVE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> CHILD CARE			
<p><b><u>Employee's Leave (please check 1 box)</u></b></p> <p><input type="checkbox"/> Advised to Self-Quarantine  <b>DOCUMENTS REQUESTED: Copy of Quarantine Notice or recommendation to self-quarantine from either School Nurse Phil Paquette or your local medical provider.</b></p> <p><input type="checkbox"/> Have been diagnosed with COVID-19 or are seeking diagnosis  <b>DOCUMENTS REQUESTED: If possible, doctor's visit summary/appointment notice - anything that would show that diagnosis including visit summaries from on-line medical charts</b></p> <hr style="border-top: 1px dashed black;"/> <p><input type="checkbox"/> Family Medical to care for _____ who is subject to quarantine or advised to self-quarantine due to concerns related to COVID-19 (STATE RELATIONSHIP OF PERSON TO YOU).  <b>DOCUMENTS REQUESTED: Copy of Quarantine Notice or recommendation to self-quarantine – anything that would show that diagnosis including visit summaries from on-line medical charts.</b></p>			
<p><input type="checkbox"/> Childcare Leave to care for employee's own child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.  <b>DOCUMENTS REQUESTED: Documentation of child care closing (a copy of an email or forward of a text message to the District Office would suffice)</b></p>			
<p><b>I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated. I must comply with my Labor Agreement regarding the eligibility and procedures for a Leave of Absence and this request is subject to approval. Any change in this leave must be communicated in writing to the District Office.</b></p>			
EMPLOYEE SIGNATURE		DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> REQUEST MORE INFORMATION			
ADMIN. SIGNATURE		DATE	