

AUGUSTA COUNTY PUBLIC SCHOOLS

EMERGENCY SICK LEAVE FORM

Employee Information:			
Name:			
SSN or ID#:		Position:	
Address:			
Home Phone:		Cell Phone:	
Requested Leave Information:			
Requested Leave Dates:	From:	To:	
Total Days Requested:			
Qualifying Reason for Leave Related to COVID-19:			
I CERTIFY THAT I AM UNABLE TO WORK DUE TO THE FOLLOWING QUALIFYING REASON:			
<input type="radio"/>	I am subject to a federal, state, or local government or agency quarantine or isolation order		
	<input type="checkbox"/> Copy of order attached, or name of governmental entity issuing order and brief description:		
<input type="radio"/>	A healthcare provider has advised me to self-quarantine		
	<input type="checkbox"/> Copy of recommendation attached, or name of healthcare provider:		
<input type="radio"/>	I am experiencing COVID-19 symptoms and am seeking a medical diagnosis		
<input type="radio"/>	I am caring for (name and relationship to employee):		
<i>NOTE: Must be an immediate family member or someone who regularly resides in your home, in order to qualify</i>			
	The individual is subject to a quarantine or isolation order:		
	<input type="checkbox"/> Copy of order attached, or name of governmental entity issuing order and brief description:		
	The individual is has been advised by a healthcare provider to self-quarantine:		
	<input type="checkbox"/> Copy of recommendation attached, or name of healthcare provider:		
<input type="radio"/>	I am caring for my child(ren) due to school/day care closure or unavailability of child care due to COVID-19		
	Name and ages of affected child(ren):		
	Name of school, day care, or child care provider:		
I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. I understand I am expected to follow the directives of any quarantine or isolation order or recommendation and use the leave for the purpose it has been granted.			
Employee Signature:		Date:	

Office Use Only			
Requested Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with modification	<input type="checkbox"/> Denied (see below)
Reason(s) for Approved Leave with Modifications or Denial:			
Director Signature:		Date:	