

3/10/2021

South Kitsap School District

Human Resources

2689 Hoover Ave SE Port Orchard, WA98366 (360) 874-7074 / (360) 874-7076 FAX

CERTIFICATED CLASSIFIED ADMIN (CERT/CLASS)

DISTRICT PROVIDED COVID-19 LEAVE REQUEST FORM

The District strongly believes in supporting our employees as we continue to navigate the current environment and ever-changing

December 31, 2020, the District made the determination to im	e to the Families First Coronavirus Response Act (FFCRA) expiring on aplement a voluntary District Provided COVID-19 Leave for staff that expacity. This voluntary leave benefit took effect on January 1, 2021
Directions: Please complete this form and submit it to Human Resources August 31, 2021.	(HR). District Provided COVID-19 Leave is only available through
Employee's Name:	Location:
Requested Day(s) off:	Position:
leave for the following reasons:	or up to 80 hours (or a part-time employee's 10-day equivalent) of paid
 The staff member was subject to a Federal, State, or lo Name of agency issuing order: 	cal quarantine or isolation order related to COVID-19.
The staff member was advised by a health care provider:	er to self-quarantine due to concerns related to COVID-19.
3. The staff member was experiencing COVID-19 sympton	ms and was seeking a medical diagnosis.
4. The staff member was caring for an individual who was advised by a health care provider to self-quarantine as Name of agency/health care provider:	s subject to a quarantine or isolation order, as described in (1), or was described in (2).
5. The staff member was caring for a child whose school of the childcare provider:	or place of care was closed due to COVID-19 related reasons:
Child(rens) Name(s):	•
The staff member was experiencing other substantially and Human Resources.	similar conditions specified by the US Department of Health
All District Provided COVID-19 Leave taken will be paid at 100 Leave, staff will work with the Human Resources Departmen	0% of the staff member's rate of pay. To utilize the District COVID-19 to complete all necessary requirements.
If you have any questions regarding this type of provided lea	ve, please feel free to contact your Human Resources Specialist.
Employee Signature	Date

	Employee Signature		Date
REQUEST GRANTED		Reason for Denial:	
REQUEST DENIED			
HR Authorization:		Date:	