## WEST NORTHFIELD SCHOOL DISTRICT 31 COVID-19-Related Leave Request Form

**Instructions:** Please use this form to request leave related for reasons related to the ongoing COVID-19 pandemic. Please follow the District's usual leave policies to request leave for reasons not related to COVID-19. Please submit your request as far in advance as practicable so that we can consider it and work to address your needs in a manner consistent with our obligations to you, our students, families, other faculty and staff, and the community. Please submit your completed form to Cathy Lauria:

clauria@district31.net

E-mail:

	First	Middle	Last		
School:	School: Job Title:_		tle:		
2. What is the retem marked.)	eason for your request	? (Please mark all that a	pply and comple	ete all information for each	
☐ I have tested	positive for COVID-1	9.			
Date of p	ositive test:	If you have documentatio	on of your test res	sult, please provide a copy	
☐ I have sympto	oms of COVID-19.				
When did	d your symptoms first o	occur?			
What syr	mptoms did you experi	ience:			
	□ Cough	☐ Sore throat	☐ Fever/chills		
	☐ Shortness o	of breath □ Fatigue	☐ Muscle or b	ody aches	
	☐ Headache	☐ New loss of	taste / smell	☐ Sore throat	
	□ Diarrhea	☐ Congestion	or Runny Nose	☐ Nausea or vomiting	
Are you	seeking medical diagno	osis? □ Yes □ No			
		ur doctor or be tested for า):			
□ I have been ir	n close contact with a	an individual who has c	or is suspected	to have COVID-19.	
Name of	individual who has or	is suspected to have CO	VID-19 (if knowr	n):	
	Date of last suspected contact:				

□ I've been advised by a health care provider to self-quarantine due to concerns related to COV 19.					
	Name of health care provider:				
□ I am caring for my son or daughter because my child's school or place of care has been closed or because my child's childcare provider is unavailable, for reasons related to COVID-19.					
Name(	Name(s) and age(s) of child(ren):				
Name o	of school(s) and/or place of care:				
	If your child(ren) is/are 15 years of age or older, are there any special circumstances that require you to provide care to your child during daylight hours? Please describe:				
leave?	Will another suitable person care for your child(ren) during the time for which you are requesting				
	□ Yes □ No				
order r	caring for another individual who is subject to a federal, state, or local quarantine or isolation related to COVID-19, or who has been advised by a health care provider to self-quarantine due cerns related to COVID-19.				
	Name of individual and relationship to employee:				
	Governmental entity ordering quarantine or isolation OR name of health care provider:				
□ Othe	er COVID-19-Related Reason				
	Please describe:				
	e you previously used Emergency Sick Leave (ESL) under the Families First Coronavirus Response her with the District or another employer?				
4. If re	mote work is available during the period of your leave, would you be able to work remotely? ☐ No ☐ Yes				
5. For	what period are you seeking leave?				
	First date of leave: Anticipated return to work (if known):				

6. If you are requesting leave on an intermittent or schedule that you are requesting:	reduced-schedule basis please describe the leave
By signing below, you certify that the information above	e is accurate:
Employee Signature	 Date

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by these laws. To comply with the law, we are asking that you <u>not</u> provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact than an individual or an individual's family member sough or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.