2006 Tower Drive
Monroe, LA
Phone: (318) 325-0601 Fax: (318) 812-3604

Monroe City Schools Covid
Leave Effective July 1, 2021-
December 31, 2021

The Monroe City School Board will provide employees with up to 5 days of COVID Leave for circumstances as defined below:

- Five (5) days of additional paid COVID sick leave will be granted where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or Local government order or advice of a health care provider) due to being identified as close contact of a positive case and which occurred during the employee's official duties as a Monroe City School Board employee. COVID Leave days cannot be granted if the quarantine resulted from a close contact initiated away from the campus/building when on the employee's personal time or from contact from a COVID positive family member or friend.

- 2021 COVID Leave does not apply to an employee remaining off work to care for a quarantined minor child.

- 2021 COVID Leave does not carry over from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignations, retirement, or other s eparation from employment.

- 2021 COVID Leave will be funded through ESSR funds while available.

- 2021 COVID Leave will only remain in effect until December 31, 2021 or be changed by order of the Monroe City School Board.

Please submit this form to Dana Mullins at 2006 Tower Drive or email it to dana.mullins@mcschools.net.

Please do not hesitate to give me a call at extension 3016.

Dana Mullins, Personnel Supervisor

COVID Leave Request Form

The information contained in this document is exempt from the Public Record Laws of the State of Louisiana
July 1, 2021- December 31, 2021

PART I—To Be Completed by the Employee:

Employee Name:	Employee Number:
Position:	School or Department:
Phone:	Alternative Phone:
Mailing Address:	

Street or P.O. Box City State Zip

Dates of absences: _____

Principal's Signature _____

HR Director's Signature _____

Select one qualifying reason for leave related to COVID-19:

1. ☐ The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.

2. ☐ The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. **(Physician completes Part II below)**

3. ☐ The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis. **(Physician completes Part II below)**

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By signing below, I certify that I am unable to work based on the reason that I have identified above. For COVID leave that extends longer than 5 days, I understand that I must also submit an **FMLA Request FORM/ Extended Leave FORM to** Human Resources. I authorize the release of the information requested below to Monroe City Schools as part of my request for COVID leave. My signature also confirms that I understand it is my responsibility to submit this form to the Human Resources Department **within three business days of the first day of absence**. Failure to submit this form to Human Resources may result in my pay being docked at 100%. I UNDERSTAND THAT FALSIFYING INFORMATION RELATED TO THIS REQUEST IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.	
Employee Signature:	Date:

PART II—To be completed by the physician (reasons 2 or 3) Please print.

Name of Patient:	
School or Location:	
Current Diagnosis: Attach support if available	
Supporting Medical Facts:	
Period of leave requested:	Start Date: End Date:
Name of Physician:	
Physician's Address:	
Physician's Phone Number:	
I, the undersigned, hereby affirm that I am a physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further affirm that I have examined the herein named applicant requesting COVID leave and have found that the medical condition stated above makes the leave applied for herein medically necessary. I make this statement under *Families First Coronavirus Response Act (FFCRA).*	
Physician's Signature: (No stamps)	
Date:	