Tippecanoe Valley School Corporation 8343 South State Road 19

Akron, IN 46910 Phone: 574.598-2759 Fax: 574.598-2773

Mr. Blaine Conley, Ed.S. Superintendent

REQUEST FOR EMERGENCY PAID SICK LEAVE

Pursuant to federal law, employees are entitled to up to a total of two-weeks of paid leave for certain COVID-19 related absences occurring between April 1 and December 31, 2020. Please be advised that this Emergency Paid Sick Leave will be applied before any sick, personal, or other available paid time off, in the event an employee is eligible for Emergency Paid Sick Leave.

Name:	
Job Title:	Building:
Date(s) of Leave:	
Reason for Leave (check all that ap	pply):
I am subject to federal, sta	te, or local quarantine or isolation order
Name of government entity	issuing order:
	health care provider to self-quarantine based on belief that I have carticular vulnerability to COVID-19.
Name of health care provide	er giving advice:
	, dry cough, shortness of breath, or another COVID-19 symptomizing a medical diagnosis. I will report to my employer promptly upon
on belief that the individual has or OR who is subject to a local, state,	who has been advised by a health care provider to self-quarantine base may have COVID-19 or due to a particular vulnerability to COVID-1 or federal quarantine or isolation order. This person is dependent upone. [Employee will receive 2/3 pay]
Name of health care provide	er giving advice (if applicable):
Name of individual being ca	ared for:
Committed to Student Succe	ess Through the Development of Character, Leadership, and Literacy

Relationship	to employee:	
provider is unavaila	ble due to Coronavirus. By selecting	chool or daycare is closed, or my regular child-ong this reason, I am certifying that no other suitated of requested leave. [Employee will receive
Name of chi	ild(ren):	
Name of sch	nool/daycare/care provider:	
provide care	:	umstances that exist that require you to
(HHS). I am exper	iencing a substantially similar cond	ition specified by U.S. Health and Human Servi
Identify con	dition:	
Other information of	or comment:	
I have previously previous or other er		id Sick Leave (Include any hours used with a
I certify that I am u	nable to work because of the reason	s selected above.
Signed:		Date:
Email:		Telephone:
**************************************		***********
Approved	By: Employee notified on (date): Date(s) of leave:	Date:
Denied	By:	Date:
	Employee notified on (date):	
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