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 PUBLIC HEALTH EMERGENCY LEAVE

Pursuant to federal law, employees are entitled to up to a total of twelve-weeks of partially paid leave for certain COVID-19 related absences occurring between April 1 and December 31, 2020. This Public Health Emergency Leave is Family Medical Leave Act (FMLA) leave and all School policies and procedures pertaining to FMLA leave shall apply, except as otherwise provided by applicable law.

Name:	
Job Title: Building:	
Date(s) of Leave:	
I am requesting intermittent leave as described:	erstand
that the School is not obligated to approve any request for intermittent leave and may require me continuous leave.	
I am caring for my child because my child's school or daycare is closed, or my regular child-care pris unavailable due to Coronavirus. By selecting this reason, I am certifying that no other suitable is available to care for my child during the period of requested leave.	
Name of child(ren):	
Name of school/daycare/care provider:	
If child is over age 14, describe any special circumstances that exist that require you to provide care:	
Other information or comment:	

I have previously uprevious or other en		id Sick Leave (Include any hours used with any
I have previously us	ed days/weeks of Public Hea	lth Emergency Leave.
	n another FMLA leave within the las:	
I certify that I am ur	nable to work because of the reasons	s selected above.
Signed:		Date:
Email:		Telephone:
**************************************		**********
Approved	Bv:	Date:
	Employee notified on (date):	Date:
	Date(s) of leave:	
	If intermittent, describe approved schedule:	
Denied	By:	Date:
	Reason:	

COVID Request for Leave