

Canton CUSD #66

COVID-19 Administrative Leave and Dock Pay/Sick Leave Restoration Request 2022-2023 School Year

Eligible Reasons for Paid Administrative Leave and Restoration of Sick Leave Day or Docked Pay:

- a) The employee has or had a confirmed positive COVID-19 diagnosis via a molecular amplification diagnostic test, such as a polymerase chain reaction (PCR) test for COVID-19;
- b) The employee has or had a probable COVID-19 diagnosis via an antigen diagnostic test;
- c) The employee is or was a close contact with a person who had a confirmed case of COVID-19 and is or was required to be excluded from the school;
- d) The employee is or was required by Board to be excluded from District property due to COVID-19 symptoms; or
- e) The employee must care for a child of the employee because the child is or was unable to attend elementary or secondary school because the child:
 - i. has or had a confirmed positive COVID-19 diagnosis via a molecular amplification diagnostic test, such as a polymerase chain reaction (PCR) test for COVID-19;
 - ii. has or had a probable COVID-19 diagnosis via an antigen diagnostic test;
 - iii. is or was a close contact with a person who had a confirmed case of COVID-19 and is or was required to be excluded from the school;
 - iv. is or was required by Board to be excluded from District property due to COVID-19 symptoms

Please list the date(s) and reason(s) for which you are requesting paid administrative leave and reinstated sick leave days or reimbursement of dock days below. Attach an additional sheet if necessary.

Date(s) of COVID-19 Related Absence(s) During 2022-2023 School Year	List the Eligible Reasons from above for each absence (i.e. "a", "e(i)") and whether sick days or docked days were used

By signing below, I certify that the information above is true and the supporting documentation submitted, if any, is authentic. I acknowledge that the submission of a fraudulent document or a false statement on this form may be considered as grounds for discipline, up to and including my dismissal from employment for cause.

Signature: _____ Date: _____

Print Name: _____ Building/Dept: _____

Employees should send a copy to the district assistant superintendent, to include all supporting documentation, and retain a copy.