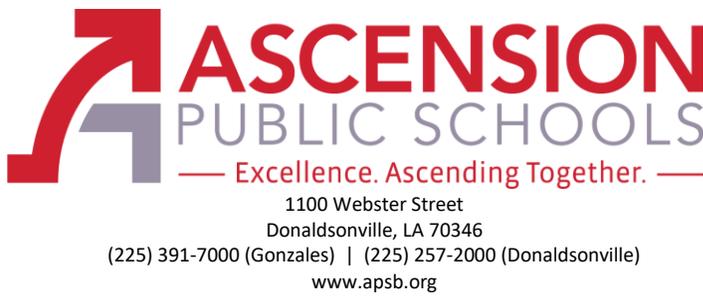


David Alexander
Superintendent

Taft Kleinpeter
Board President
District 5B

Troy Gautreau, Sr.
Vice President
District 7A



Robyn Penn Delaney, District 1
Scott Duplechein, District 2
Julie Blouin, District 3
Marty J. Bourgeois, District 4A
John Murphy, District 4B
John DeFrances, District 5A
Jared Bercegeay, District 6A
Louis Lambert, District 6B
Patricia Russo, District 7B

Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Ascension Parish School Board’s Emergency Paid Sick Leave Policy, please complete the following request form and submit to your Supervisor or to the HR Department as soon as possible before leave begins. Verbal notice will be accepted until a form can be provided.

| | | | |
|--|--|--|------------|
| Employee Name | | Employee ID | |
| School/Location | | Position | |
| The reason for this emergency paid sick leave request is (check the appropriate reason below): | | | |
| <input type="checkbox"/> | I am subject to a federal, state, or local quarantine or isolation order related to COVID–19. | | |
| <input type="checkbox"/> | I have been advised by a health care provider to self-quarantine due to concerns related to COVID–19. | | |
| <input type="checkbox"/> | I am experiencing symptoms of COVID–19 and seeking a medical diagnosis. | | |
| <input type="checkbox"/> | I am caring for an individual who is subject to either number 1 or 2 above. | | |
| <input type="checkbox"/> | I am experiencing another substantially similar condition specified by the secretary of health and human services. | | |
| Dates of COVID leave per APSB Nurse Coordinator | | From | To |
| Eligible to work from home (Initialed by Supervisor) | | <input type="checkbox"/> | Yes |
| | | <input type="checkbox"/> | No |
| Dates and hours of COVID leave taken (Work from home not allowed.) | | Dates and hours of approved telework (COVID leave not taken.) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Please note: After approval by the Superintendent, the dates of leave will not be adjusted. FINAL APPROVAL WILL BE GIVEN BY HR DIRECTOR AND THE SUPERINTENDENT. | | | |

| | |
|--|------------------|
| Employee Signature | Date |
| Supervisor Signature | Date |
| HR Director Signature _____ Approve _____ Deny | Date |
| Superintendent Signature _____ Approve _____ Deny | Date |
| FOR HR DEPARTMENT USE: | |
| <input type="checkbox"/> | FFCRA Leave |
| <input type="checkbox"/> | APSB COVID Leave |