

## BUUSD REQUEST FOR ADDITIONAL PAID SICK DAYS

### FOR ABSENCES RELATED TO COVID-19 REQUEST FOR ADDITIONAL PAID TIME OFF

The BUUSD district realizes that our employees have had to make incredible sacrifices this year due to COVID-19. We know that many employees have used more paid time off than they normally would have in a regular school year.

We understand that there have been additional days used for childcare issues when your child was unable to attend school, you or one of your family members contracted COVID, or you called out sick because you were showing possible symptoms of COVID-19. For some of you this has meant exhausting your paid time off balance.

It is clear that unpaid days can create a financial burden. In addition, since the district typically does not allow the use of unpaid time off there may be some employees facing corrective action. To that end, all district employees that have exhausted their sick/personal/vacation time due absences related to COVID-19 and were hired before **12/31/21** may request up to ten additional sick days.

Anyone requesting this leave must submit this completed form to the Human Resources Department via email at [hr@buusd.org](mailto:hr@buusd.org). Please direct questions to Carol Marold at [cmarobsu@buusd.org](mailto:cmarobsu@buusd.org) at the central office (476-5001) at ext 1001.

**Employee Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Title/Position:** \_\_\_\_\_

I have exceeded my allowance of paid time off as a result of absences related to the COVID-19 pandemic on (list dates below\*).. I am requesting \_\_\_\_\_ days be added to my sick time balance.

\*Please identify the dates of your past absences related to COVID-19 that relate to this request.

\_\_\_\_\_  
\_\_\_\_\_

**I am requesting this additional sick leave due to my inability to work resulting from COVID-19. (check the appropriate reason below):**

- I, or my child was subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- I was unable to provide adequate childcare when my child(ren) could not attend school due to COVID-19. I attest that no other suitable person was available to care for my child during the requested days out of work.
- I was advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I was experiencing symptoms of COVID-19 and was unable to work.
- I was caring for a family member with COVID-19.
- I experienced other, substantially similar conditions, as specified by the Vermont Agency of Education or the Agency of Health and Human Services.

My signature below means that I understand and agree to the following:

- I have exhausted my paid time off balance (personal, sick, floating holidays and vacation days) and have no paid time off available to me.
- These days will be available for the 2021-22 school year.
- These days will not carry over into the 2022-23 school year.
- I will not be retroactively compensated for previous unpaid absences.
- There is no carry-over of leave allowed or payout of unused leave upon separation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I attest that the above information is accurate to the best of my knowledge. I understand falsification of any information given may lead to disciplinary action.**

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