



Human Resources Department
1340 Braddock Place
Alexandria, Virginia 22314
www.acps.k12.va.us
(703) 619-8168
Fax (703) 619-8983

Request for Covid-19 Leave

Name _____ Employee I.D. Number _____

Position _____ Worksite _____

Please review the guidelines below before submitting form:

Beginning March 7, 2022, Alexandria City Public Schools (ACPS) will provide emergency paid COVID-19 leave when a staff member is unable to work for a qualifying reason related to COVID-19. All ACPS contracted full-time and part-time employees are eligible for the emergency paid COVID-19 leave program. Casual and substitute employees are not eligible for this leave program.

The ACPS emergency paid COVID-19 leave program provides pay at the employees' regular rate of pay for one COVID-19 related absence of up to five days. No more than five days of emergency paid COVID-19 leave is available during the 2021-22 school year. The emergency paid COVID-19 leave days will be paid based on the applicable contract work schedule for the employee.

Qualifications for Paid COVID-19 Leave:

ACPS staff must meet at least one of the following criteria to be eligible:

- The employee is placed on quarantine by Alexandria City Public Schools due to being identified as a close contact with an individual in the workplace who has tested positive for COVID-19.
- The employee is experiencing symptoms of COVID-19 and can provide a medical statement supporting their illness from their physician/health care provider.
- The staff member has tested positive for COVID-19 and has submitted proof of positive test from a verified testing location or medical office to Human Resources.

ACPS staff must use their personal or sick leave for the following criteria:

- They are caring for their child who is under quarantine for showing symptoms of COVID-19 or tested positive and the employee has no other suitable childcare.
- They are caring for their spouse/partner, parent or other family member who is under quarantine for showing symptoms of COVID-19 or tested positive and the employee has no other suitable care for their family member.



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Staff must submit COVID-19 Leave Request Forms within three business days of the start of their leave and include the required COVID-19 positive test documentation and/or physician/healthcare provider statement to be considered for up to a maximum of five days of paid leave.

Dates requested: _____

Employee's Signature: _____ Date: _____

Please email form to hrbenefits@acps.k12.va.us

To be completed by the ACPS Department of Human Resources:

The Department of Human Resources has reviewed your request, and your request for the Emergency Paid COVID-19 Leave Program is:

Approved

Denied

Approving Human Resources Representative:

Name: _____ Date: _____

Signature: _____