

Lakeland Union High School District
Covid-19 Request for Leave of Absence

Employee Name:	Phone Number:
Email:	
Date Leave Will Begin:	Anticipated Return Date:

I have contacted my direct supervisor and have been notified that I can work remotely. I understand to do such work, would be at my standard rate of pay for normally scheduled hours. Please forward this form to Greg Kopp or Lorinda Schmitz who will obtain your supervisor's signature.

I cannot work remotely, please check one of the following boxes.

Unpaid leave of absence.

Substitute the following days of pay during this leave of absence.

_____ Vacation/PH

_____ Sick Pay

_____ Major Event

If these options do not meet your individual circumstances, please contact your immediate supervisor.

Short-Term Disability: You may qualify for Short-Term Disability pay if you become sick after testing positive for Covid-19.

Supporting Documentation: The employer may request supporting documentation for your leave of absence request.

I certify that the above information is accurate and complete. I understand if I fail to report to work on or before the anticipated return date, my employer may take corrective action unless I contact my direct supervisor at 715-356-5252 and or via email to reschedule a new anticipated date of return.

 Employee Signature Date

 Supervisor Signature Date

Approved

Denied