

**EMPLOYEE REQUEST TO USE LEAVE  
DURING COVID-19 SCHOOL CLOSURE**

An employee who does not have a COVID-19 qualifying reason to decline to work from home or use Family Medical Leave under the Families First Coronavirus Response Act (FFCRA) may use this form to: (a) request that the Employee be permitted to use the Employee's earned and unused sick leave, vacation leave or PTO during the current school closures or; (b) request an unpaid leave of absence.

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_ Position \_\_\_\_\_

Work Site \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

**Use of Earned Leave.** I do not have a COVID-19 related reason to be absent from work, including on-site work or working from home. However, I do not want to be available for work and therefore request that I utilize my earned and available sick leave, vacation and/or personal time as follows.

Date(s) or Time Period of Requested Leave: \_\_\_\_\_

**Request for Unpaid Leave.** I do not have a COVID-19 related reason to be absent from work, including on-site work or working from home. However, I do not want to be available for work and therefore request that I be permitted to take an unpaid leave of absence as follows.

Date(s) or Time Period of Requested Leave: \_\_\_\_\_

Submitted by:

Employee Name (Print) \_\_\_\_\_

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

Received by:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by:

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_