



**SWEETWATER UNION HIGH SCHOOL DISTRICT
HUMAN RESOURCE SERVICES DIVISION**

1130 Fifth Avenue
Chula Vista, CA 91911-2896

General Information:
Phone: (619) 585-4420
Fax: (619) 407-4921

FFCRA/COVID Leave Form

If you are unable to work as called by the District during this time period based on a COVID event, please complete the attached form. This document will assist us in classifying the leave and requesting and receiving state and federal reimbursement. Please e-mail completed form to benefitssupport@sweetwaterschools.org

Employee Name: _____

Site/Department: _____

Date(s) for which leave is requested: _____

Reason for the Leave:

COVID Positive Or Likely Positive Requiring Me To Be Off Work:

Name Of Medical Provider: _____

Contact Information: _____

Date Advice Was Given: _____

COVID Self Quarantine Because Of Being Part Of A Vulnerable Population

(Over 65 Underlying Condition)

Name Of Medical Provider: _____

Contact Information: _____

Date Advice Was Given: _____

COVID Self Quarantine To Care For An Individual Who is Self-Quarantining Based On Medical Advice

Name Of Medical Provider: _____

Contact Information: _____

Date Advice Was Given: _____

As A Result Of COVID Closures, My Child's School or Day Care is Closed And There Is No Other Suitable Person Is Available To Care For My Child

Name Of School Or Child Care Provider: _____

Contact Information: _____

Date Care Became Unavailable: _____

I certify that I am/was unable to work during the school closure for the reason set forth above. Should the District need further documentation (such as from my Medical Provider, School or Child Care provider to support these request) in the future to support our ability to get state or federal reimbursement for these leaves, I agree to assist in their requests to the best of my abilities, consistent with HIPPA protections.

Employee Signature

Date