



**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

COVID Leave Form

If you are unable to work onsite during this time period based on a COVID event, please complete the attached form. Please note if you were able to work remotely. Please e-mail completed form to benefitssupport@sweetwaterschools.org

Full Employee Name: _____
Date of Birth: _____
Site/Department: _____
Date(s) for which COVID leave is/was required: _____ Worked Remotely _____
Number of Days requested (1-10): _____

Reason for the COVID Leave:

- (a) Unable to work in person due to **government-issued quarantine or isolation** order related to COVID-19.
Name Of Agency Providing Direction (or document): _____
Contact Information: _____
- (b) Have been advised to **self-quarantine by a healthcare provider** related to COVID-19.
Name Of Medical Provider: _____ Date Advice Was Given: _____
Contact Information: _____
- Child is COVID +** and I must care for them based On Medical Advice
Name Of Medical Provider: _____ Date Advice Was Given: _____
Contact Information: _____
- Child's School or Day Care** is Closed or requiring my child to self-quarantine due to COVID Cases
Name Of School Or Child Care Provider: _____
School Contact Information: _____
Date School/Care Became Unavailable: _____
- Household Family Member** is COVID+ with Acute Symptoms and I must provide care based on Medical Advice
Name Of Medical Provider: _____ Date Advice Was Given: _____
Contact Information: _____
- Waiting on PCR Results after COVID Symptoms:** I stayed home with COVID symptoms, sought a PCR test before returning to work. Employee may access COVID leave and work remotely while waiting for results for a period not to exceed seventy-two hours after testing.
Name of Facility where test was given: _____
Date Test was given: _____ Date Results were Received: _____

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

Employee Signature

Date