



# PTHSD COVID-19 QUARANTINE/ISOLATION FORM

(You must complete this form if quarantining)

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Position: \_\_\_\_\_ Work Location: \_\_\_\_\_ Union Group: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Quarantine Dates:	Start Date:	End Date:	Date Return to Work	Total 14 days
_____	_____	_____	_____	_____

## COVID-19 Quarantine Leave (You or a Family Member are deemed a close contact of someone who was diagnosed with COVID-19 – 14 Days)

- Quarantined (14 days) - Working from Home with prior approval from HR - no change in pay or use of sick day(s).**
  - Attach documentation reflecting reason for quarantine.
- Quarantined (14 days) – Not able to work from home - using sick day(s).**
  - Attach documentation reflecting reason for quarantine.

## COVID-19 ISOLATION Leave (You are diagnosed with COVID-19 – 10 days plus 1 day significantly better with no medication)

- Isolation (10 days) - Working from Home with prior approval from HR - no change in pay or use of sick day(s).**
  - Attach documentation reflecting reason for quarantine.
- Isolation (10 days) – Not able to work from home - using sick day(s).**
  - Attach documentation reflecting reason for quarantine.

### Family Illness leave

- Family Illness to care for \_\_\_\_\_ who is quarantining, due to concerns related to COVID-19 (state relationship of person to you.)** You will need medical documentation to return (i.e. Return to Work Form Completed)
  - Attach a copy of Quarantine Notice or recommendation to self-quarantine.

### Childcare (Unpaid)

- Unpaid Childcare Leave to care for employee’s own child (under the age of 18) whose school or place of care is closed or child care provider is unavailable.**
  - Attach a copy of the child care closing notice and a statement that no other suitable person is available to care for the child.

I certify that all information on this form is correct and that the leave requested is for the purpose(s) indicated above, I further agree that this request is subject to HR approval. Any change in this leave must be communicated in writing to HR. I certify that no other suitable person is available to care for the child.

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

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this form to the HR Department at (Email): [jmgldis@pthsd.net](mailto:jmgldis@pthsd.net), [llubertowicz@pthsd.net](mailto:llubertowicz@pthsd.net) and [jbenos@pthsd.net](mailto:jbenos@pthsd.net)

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