San Diego Unified School District
Request for COVID Sick Leave
Leave of Absence Form

EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Employee ID #</th>
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<tr>
<th>Site/Department</th>
<th>Job Title</th>
<th>Substitute/Temporary</th>
<th>Employee’s Phone #</th>
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You are required to submit supplemental documentation supporting your COVID leave request for some of the following reasons (Any supporting documentation required is identified in parenthesis after each reason description):

First Bank of Hours (Up to 40 hours total)

☐ Employee was subject to a quarantine or isolation period related to COVID-19

☐ Employee was experiencing symptoms of COVID-19 and is seeking a medical diagnosis

☐ Employee was caring for a family member who is subject to a quarantine or isolation period related to COVID-19

☐ Employee was caring for a child whose school or place of care is closed or unavailable due to COVID-19 on the premises

☐ Employee or qualifying family member was attending a vaccine appointment or could not work due to vaccine related side effects (If reporting over 24 hours of leave due to this reason, you must provide a verification from a health care provider that yourself or your family member is continuing to experience symptoms due to a vaccination or booster shot)

Additional Bank of Hours (Up to an additional 40 hours total)

☐ Employee or a family member for whom they are providing care tested positive for COVID-19 (Must provide proof of positive test for yourself or family member)

Is all required documentation included with this request?  ☐ Yes  ☐ No

Use Time Reporting Codes 19C22 for certificated staff, and 19L22 for classified staff
From Date:______________ To Date:______________  No. of Days:_______  No. of Hours:_______

Employee’s Signature: _______________________________ Date: _______________

Supervisor’s Signature: ______________________________ Date: _______________

Form is retained by the site/department.  DO NOT SUBMIT TO HUMAN RESOURCES

For Site/Department Use Only:

☐ Request Approved

☐ Request Denied- Employee has not provided the required documentation

Supervisor Signature: _______________________________ Date: _______________