

# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

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## Request for Emergency Paid Sick Leave

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Herscher CUSD #2's Emergency Paid Sick Leave Policy, please complete the following and submit to your supervisor as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Requested Leave State Date: \_\_\_\_\_

Estimated Return Date: \_\_\_\_\_

The amount of emergency paid leave being requested is \_\_\_\_\_ hours.

The reason for this request is (check the appropriate reason):

- ☐ I am subject to a Federal, State or local quarantine or isolation order related to COVID-19.
- ☐ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19. ☐ Copy of health care provider note attached
- ☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ I am caring for an individual subject to an order or self-quarantine described above.
- ☐ I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. (Time could be extended based on the Emergency Family and Medical Leave Expansion)
- ☐ I am experiencing another substantially similar condition specified by the secretary of health and human services.

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

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

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