



FCPS COVID-19 Workplace Exposure Leave Request

Instructions:

This form should be completed by the employee and submitted to supervisor for approval and then the original form should be sent to the Financial Accounting and Benefits Services for COVID-19 Workplace Exposure Leave Requests. The purpose of this form is to verify that the employee is qualified to be held harmless for applicable leave related to COVID-19. Upon approval, employee shall continue to be paid and will not have to use own leave time. To demonstrate eligibility for the leave, the employee shall provide proof of COVID-19 testing or other suitable documentation for the circumstances upon request. Workplace exposure leave is to be used when the directed *quarantine of an employee is due to work exposure as identified through confirmed contact tracing by the District Wellness Coordinator in consultation with the local Health Department.*

Request for Workplace Exposure COVID-19 Leave:

As an employee attesting to eligibility for Workplace Exposure Local COVID-19 Leave, I attest that I am unable to work or telework for the following reason:

- My position of _____ cannot be performed remotely.
- I am/was unable to work remotely due to being ill from the COVID 19 virus.

In accordance with the above checked reason, I request to begin FCPS Workplace Exposure COVID-19 Leave on the following date(s) _____.

I attest the truth and veracity of the above statements and that I have not made any material false statement herein. I understand that knowingly providing false information on this form could result in disciplinary action, up to and including termination.

Employee Name (Print): _____

Employee Number: _____

Employee Signature: _____

Date: _____

Work Location: _____

Phone: _____

Supervisor Signature: _____

Date: _____

Fin. Accounting and Benefits Signature: _____

Date: _____

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