



Houston ISD Absence Management

Leave of Absence Application – COVID-19

Section A – TO BE COMPLETED BY EMPLOYEE

Employee Name _____ Employee ID: _____

Position _____ Contact Number _____ Work _____

COVID-19 FMLA Request DESIGNATION

Self Shelter-in-place Illness Child Child Care Illness: DOB: _____
Child's name: _____

Family Member Shelter-in-place Illness

FAMILY MEMBER NAME/RELATIONSHIP _____

FAMILY MEMBER NAME/RELATIONSHIP _____

Employee's Home Address _____	City _____	State _____	Zip _____
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Leave Request: (e.g. 01/31/2020) From / / to / /	Last Day Worked: / /	Intermittent Leave <input type="checkbox"/> No <input type="checkbox"/> Yes
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COVID 19 REASON

In general, employees are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

Please attach supporting documentation

Employee's Signature:

Date:
