



Zachary Community School District

Emergency Paid Sick Leave Request Form For COVID-19 Related Leave (ZCSD Addendum)

Effective for requests made on or after January 4, 2021.

EMPLOYEE EPSL REQUEST:

Date: _____ **Employee ID:** _____

Name (please print): _____

Employee Title/Position: _____ Department _____

Employee Supervisor: _____

I would like to request EPSL for the following reason(s) (check all that apply):

___ (1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19;

___ (2) I have been advised by a health care provider to self-quarantine because of COVID-19;

___ (3) I am experiencing symptoms of COVID-19 and are seeking a medical diagnosis;

___ (4) I am caring for an individual who is subject to an order as described in (1) or self quarantined as described in (2);

___ (5) I am caring for a son or daughter or whose school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions, or

___ (6) I am experiencing any other substantially similar conditions as specified by the US Department of Human Services.

Dates of Leave Requested: _____ to _____

Employee Signature: _____ **Date:** _____

Please return this form to: Human Resources, 3755 Church St. Zachary, LA 70791

yolanda.williams@zacharyschools.org

If the expected duration of the leave changes, please contact Yolanda Williams.

yolanda.williams@zacharyschools.org
225-658-4969