



The Public Schools of Northborough & Southborough

CORONAVIRUS TIME AWAY FROM WORK FORM (FFCRA benefits no longer apply)

To request time not present at work due to coronavirus quarantine or close contact, please complete the following request form and submit to Human Resources as soon as possible.

Employee Name (print clearly) _____

Employee's School _____ Employee's Position _____

Requested Start Date _____ End Date _____

The reason for this time not present at work is (select the most appropriate box):

1. Employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19. Employee may use available sick time.

Name of government entity issuing the order:

2. Employee has been advised by a health care provider to self-quarantine related to COVID-19. Employee may use available sick time.

Name of advising health care provider:

3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis. Employee may use available sick time.

4. Employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2). Employee may use available family bedside days.

Name and relationship of person caring for: _____

Name of government entity issuing the order: _____

OR

Name of advising health care provider:

5. Employee has a bona fide need to care for his/her child under the age of 18 whose school or place of care is closed due to COVID-19 related reasons and is requesting work flexibility.

My proposal is: _____
Name and age(s) of child(ren): _____
Name of school(s) or place(s) of care: _____

By signing below employee certifies that no other suitable person is available to care for the child(ren) during the period of requested leave.

6. In lieu of requesting use of my sick time, I do not need a substitute for coverage and would like to request to work remotely. I have contacted my supervisor and received approval.

- Supervisor's signature: _____

7. I am traveling for personal reasons and return on _____. I understand that I will need to discuss my situation with the Director of Human Resources and some or all of this quarantine period may be unpaid.

- _____ I and will need to quarantine for 7 days and have a negative Covid-19 PCR test after 5 days and will provide to Human Resources along with this form.

○ OR

- _____ I will need to quarantine for 14 days.

All requests for time away from work due to the Coronavirus must have supporting documentation attached. Failure to provide supporting documentation may slow down the approval process.

Employee Signature: _____ Date: _____

For HR use ONLY: Date received: _____

Supervisor approval: _____

HR approval: _____

Employee notified on: _____ (Date)

Notes: _____