ZUNI PUBLIC SCHOOL DISTRICT COVID-19 LEAVE REQUEST FORM

Under the Zuni Public School District COVID-19 leave guideline and procedures (also known as the “COVID-19 Leave Policy”) which is effective until June 30, 2021 (or until a state or federal mandated COVID-19 leave act comes into effect), employees may be approved for paid administrative leave under the following conditions:

- Employees who have been identified by NM Department of Health (NM DOH) or ZPSD Administration as being in close contact with a COVID-19 positive person, as defined by the NMPED toolkit guidelines which state in close contact with one another within 6 feet for 3 minutes or more. **
- An employee who has tested positive for COVID-19 by laboratory testing (proof must be given).

(** Per February 2021 CDC guidelines, an individual who has been fully vaccinated, is within 3 months following receipt of the last dose in the series and has remained asymptomatic since the current COVID-19 exposure, are not required to quarantine.)

COVID-19 paid administrative leave will only be paid for the regular workdays occurring during the 10 day period for COVID-19 isolation or the 14 day period of COVID-19 quarantine. Under no circumstances will leave be approved in advance for continuous periods beyond 14 days. However, the Superintendent or Superintendent’s designee may request additional documentation for continuation of leave when necessary.

Please complete this form to request District COVID-19 leave and submit it to the HR Department.

Name (please print): ____________________________ Date: ____________

Employee Title/Position: ________________ Department: ______________________

Employee Supervisor: ________________________

I would like to request District COVID-19 Leave because:

☐ I have tested positive for COVID-19. I have a copy of the laboratory COVID-19 test result.
  ☐ Yes
  ☐ No

☐ I have been in close contact with a person who has tested positive for COVID-19.

Dates of Leave Requested:

Employee Signature: ________________ Date: ____________

HR Approval Signature: ________________ Date: ____________