



Rosemead School District Human Resources Department
3907 Rosemead Blvd., Rosemead, California 91770
Phone (626) 312-2900

COVID-19 Supplemental Paid Sick Leave Extension

LEAVE OF ABSENCE REQUEST FORM

Effective October 20, 2021 (retroactive to October 1, 2021) through June 30, 2022, the Coronavirus Safety for 2021-22 MOU between CSEA and the District extends leave provisions for **fully vaccinated** unit members who are unable to report to work for reasons related to the COVID-19 pandemic for a maximum of **five (5) work days**. To request leave, please submit this form to the Office of Human Resources. It may be scanned and emailed to jrose@rosemead.k12.ca.us and dfuentes@rosemead.k12.ca.us.

Employee Name: _____ ☐ Certificated ☐ Classified ☐ Management

Job Title: _____ Site/Department: _____

Home Phone: _____ Email: _____

Requested date(s) of leave: From _____ To _____

Please select from the following reasons why you are unable to report to work.

- ☐ (1) I have been diagnosed with COVID-19 by a medical professional and I am in official quarantine.
- ☐ (2) I have not been diagnosed, but I have been advised to self-quarantine by ☐ a health provider **or**
☐ public health order.
- ☐ (3) I am experiencing symptoms related to COVID-19, and I am currently seeking a medical diagnosis.
- ☐ (4) I am attending an appointment to receive a vaccine for protection against contracting COVID-19.
- ☐ (5) I am experiencing symptoms related to a COVID-19 vaccine that prevent me from being able to work.
- ☐ (6) I am caring for a family member who is subject to quarantine or isolation period, or who has been advised to self-quarantine.
- ☐ (7) I am caring for my child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 and I am unable to secure alternate care.

Please attach available documentation. If necessary, please attach rationale or comments.

My signature below signifies that I have referred to, understand, and will follow the guidelines established by the respective collective bargaining agreement leave provisions.

Employee's Signature: _____ Date: _____

***** OFFICE USE ONLY *****

Jason Rose
Coordinator, Human Resources

Date

☐ **Approved**

☐ **Denied**

Copied / routed to: Personnel File, Payroll