



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 7, 2021 (retroactive to October 1, 2021) through June 30, 2022, the October 5, 2021 MOU between RTA and the District extends leave provisions for **fully vaccinated** employees 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