

METCALFE COUNTY SCHOOLS

Josh Hurt, Superintendent
709 West Stockton Street
Edmonton, KY 42129



Phone: (270) 432-3171
Fax: (270) 432-3170
www.metcalfeschools.com

To request Metcalfe County district paid Emergency Leave and/or paid Quarantine Leave for the 2021-22 school year, please complete the following request form and submit it to your building supervisor as soon as possible before the leave commences.

Employee Name (print clearly): _____

Department/School: _____ Supervisor: _____

Requested Leave Start Date: _____ Estimated End Date: _____

1. Emergency Leave: Under state law, 3 days is the maximum number of days an eligible employee can use for paid Emergency Leave.

The amount of paid Emergency Leave being requested is _____ days. I have attached documentation from a medical provider, local health department, or childcare establishment verifying my need for leave. I certify that I am unable to work, including telework, for the following reasons stated below (check the appropriate box):

- 1.) I have tested positive for COVID-19
- 2.) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 3.) I have been advised by a health care provider to self-quarantine due to close contact during the performance of my duties with a student or employee who has tested positive for COVID-19.
- 4.) I am caring for my minor child, who is required to quarantine.
- 5.) I am unable to perform job duties due to a COVID-19 school closure.

2. The amount of paid Quarantine Leave being requested is _____ days. I certify that I am unable to work, including telework, due to exposure to COVID-19 and have attached documentation from a medical provider, local health department, or the School District placing me on quarantine. I understand that if at any point I test positive for COVID-19, I will be required to use Emergency leave or Sick Leave. I understand to be eligible for Quarantine Leave, I must provide proof of vaccination or demonstrate that I am exempt from being vaccinated based on a disability or sincerely held religious belief. Check the appropriate box for the qualifying reason that applies to your situation.

- I am vaccinated
- I am unvaccinated and provided a statement from a treating medical professional that a disability prevents me from being vaccinated.
- I am unvaccinated due to a sincerely held religious belief.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____