



Revised 10/6/2021

# Caddo Parish Public Schools

## COVID Official Absence Request Form

The information contained in this document is exempt from the Public Record Laws of the State of

Louisiana (Effective August 1, 2021 – December 31, 2021)

Employee Name		Email Address	
Job Title		Job Location	
Home Number		Cell Number	
Address		Employee Social Security Number	
			Number of Days Requested
<input type="checkbox"/> Initial Request		<input type="checkbox"/> Amended Request	

Begin on \_\_\_\_\_ End on \_\_\_\_\_  
 Month Day Year Month Day Year

**Important! Please read carefully.**

**NEW GUIDELINES: All employees will be required to quarantine for 10 days if they have tested positive for COVID-19.**

**Unvaccinated employees who have been exposed to the virus may be tested after the 5<sup>th</sup> day of quarantine. If the employee tests negative and provides written documentation of the negative test results, he/she may return to work.**

**Important Note: Unvaccinated employees will be required to use their personal sick leave, accumulated sick leave or extended sick leave for the duration of his/her quarantine time. Should a vaccinated employee experience a break-through case of COVID-19, he/she will be afforded quarantine time by Caddo Parish for the duration of his/her quarantine time. These employees will be required to provide documentation of having received the vaccine (i.e. LA Wallet, copy of vaccination card, etc.).**

Please check all of the following that applies to you:

<input type="checkbox"/>	I have tested positive for COVID-19 and <b>have provided the required copy of my positive test results.</b>
<input type="checkbox"/>	I have been exposed to a positive case of COVID-19 and <b>have provided the required copy of the positive test results from the individual who I was exposed to.</b>
<input type="checkbox"/>	I <b>have</b> been vaccinated and have provide appropriate documentation. Type of documentation presented to Human Resources: _____
<input type="checkbox"/>	I <b>have not</b> been vaccinated and understand that I will be required to use my personal sick leave, accumulated sick leave or extended sick leave for the duration of my quarantine time.

By signing below, I certify that I am unable to work based on the reason(s) that I have identified above. I acknowledge that I have read the Caddo's FFCRA policy, and I understand all of my leave responsibilities. For COVID leave that extends longer than 10 days, I understand that I must submit an absence request to Personnel. I authorize the release of the information requested to Caddo Parish Public Schools as part of my request for COVID leave of absence. My signature also confirms that I understand it is my responsibility to submit this form to the Personnel Department within three business days of the first day of absences. Failure to submit this form to Human Resources may result in your leave being unpaid. **I UNDERSTAND THAT FALSIFYING INFORMATION RELATED TO THIS REQUEST IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL.**

Employee Signature:

Date: