



Revised 1/5/2022

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 January 5, 2022 – March 17, 2022)

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	

(*Note: Quarantine should be calculated beginning the first day after a positive test result.)

Begin on _____ End on _____
Month Day Year Month Day Year

Important! Please read carefully.

NEW GUIDELINES: All employees will be required to quarantine for **5 days** if they have tested positive for COVID-19. 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 or a direct exposure to COVID-19 that requires quarantine, 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 that applies to you:

<input type="checkbox"/>	I have tested positive for COVID-19 and have provided the required copy of my positive test results. Note: COVID tests administered at home will not be considered a valid source for documentation of a positive result. Test results should be obtained from a medical facility or pharmacy.
<input type="checkbox"/>	I have been exposed to a positive case of COVID-19 and have provided the required copy of the positive test results from the individual who I was exposed to.
<input type="checkbox"/>	I have been vaccinated and have provide appropriate documentation. Type of documentation presented to Human Resources: _____
<input type="checkbox"/>	I have not 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 5 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:
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