

SCHOOL DISTRICT OF LODI 2021-22 TEMPORARY COVID LEAVE REQUEST FORM

Name:		Positi	on:	
leave at the emp qualifying COV	loyee's regularly sched ID related reasons, plea	uled hours for COVID-19	related reasons. If you bmit to your supervisor	nembers with up to 10 days of sick are requesting leave for or or designee. Once your leave is
Reason for I	Leave (please sele	ct the appropriate l	eave reason belo	w):
Employe	ee is subject to a federal, s	tate or local quarantine or isc	olation order related to CO	OVID-19
Employe	e has been advised by a h	ealth care provider to self-qu	arantine due to concerns	related to COVID-19
Employe	e is experiencing sympto	ms of COVID-19 and is seek	ing a diagnosis	
	ee is caring for an individu	ual who is subject to quaranti	ne by a federal, state or le	ocal order or was advised by a health
Employe	e is experiencing side eff	ects from the COVID-19 vac	cine or booster shot.	
Leave taken (Please enter dates	s taken here.)	ons between Augus		
1.	2.	3.	4.	5.
6.	7.	8.	9.	10.
Administrator/l	Principal Signature:_			Date:

Lodi Covid Leave Request Form February 15, 2022

Please return this form to the district office as soon as possible.