



SCHOOL DISTRICT OF LODI COVID LEAVE REQUEST FORM

Name: _____ Position: _____

Directions: Lodi School District's Covid Leave provides regular staff members with up to 10 days of sick leave for Coronavirus relative leave. If you are requesting leave for qualifying Coronavirus related reasons, please fill out this form and give it to your supervisor as soon as possible. Once your Lodi Covid Leave is approved, district office staff will update your leave with "LODI-COV" in Skyward, where you will then have access to it.

Is Lodi Covid Leave being requested? ☐ Yes

Dates you are requesting Lodi Covid Leave: From: ____/____/____ To: ____/____/____

Reason for Leave (please select the appropriate leave reason below):

- ☐ Employee is subject to a federal, state or local quarantine or isolation order related to COVID-19
- ☐ Employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- ☐ Employee is experiencing symptoms of COVID-19 and is seeking a diagnosis
- ☐ Employee is caring for an individual who is subject to quarantine by a federal, state or local order or was advised by a health care provider to self-quarantine

Please provide any other relevant information if applicable:

Administrator/Principal Signature: _____ Date: ____/____/____

Employee is working from home.

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

The request for Lodi Covid Leave, as stated above, has been approve.

Business Manager's Signature: _____ Date Approved: ____/____/____