



Fonda-Fultonville

CENTRAL SCHOOL DISTRICT

COVID-19 Paid Leave Request Form

Employee Name:	Dates of Requested Leave:
Employee Position:	Employee Supervisor & Building:

I, _____, an employee of Fonda-Fultonville CSD, affirm that I am hereby unable to work, due to isolation related to COVID-19. I understand that, per Fonda-Fultonville CSD procedure, in order to request COVID-19 leave, I must complete the NYS Department of Health Affirmation of Isolation form (Page 1) and provide a positive COVID-19 laboratory test result (PCR or a doctor's note confirming I have tested positive for COVID-19). I understand that home tests are not acceptable.

Employee Signature _____

Date _____

DISTRICT PERSONNEL USE ONLY:

PCR Lab Test Result Received: Yes No

Doctor's Note Confirming COVID-19 Received: Yes No

Approved Denied

If denied, reason for denial: _____

District Representative Signature: _____

Date _____



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COVID 19 AFFIRMATION OF ISOLATION

Complete page one and two of this form if you have tested positive for COVID-19, have been in isolation and are seeking COVID-19 Paid Leave.

Name of COVID-19 Positive Person: _____

School Building: _____

Date of Positive **PCR Lab Test (results must be submitted to the health office):** _____

Date of Symptom Onset (if symptomatic): _____

Anticipated Date of Return: _____

I, _____, do hereby affirm that I will isolate from _____ (date) through _____ (date) consistent with guidance issued by the New York State Department of Health (NYSDOH). As per NYSDOH guidance, since I tested positive for COVID-19, I must isolate for the appropriate amount of time, depending upon hospitalization, length of symptoms and particular circumstances, consistent with guidance issued by the NYSDOH, for at least five (5) days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins the day after I became symptomatic OR the day after I tested positive if asymptomatic.

By signing below, I confirm that the information provided is accurate and truthful.

(SIGNATURE)

(Date)