



I've been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of health care provider: \_\_\_\_\_

I am caring for my son or daughter because my child's school or place of care has been closed, or because my child's childcare provider is unavailable, for reasons related to COVID-19.

Name(s) and age(s) of child(ren): \_\_\_\_\_

Name of school(s) and/or place of care: \_\_\_\_\_

If your child(ren) is/are 15 years of age or older, are there any special circumstances that require you to provide care to your child during daylight hours? Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will another suitable person care for your child(ren) during the time for which you are requesting leave?

Yes  No

I am caring for another individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19, or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of individual and relationship to employee: \_\_\_\_\_

Governmental entity ordering quarantine or isolation  
OR name of health care provider: \_\_\_\_\_

Other COVID-19-Related Reason

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Have you previously used Emergency Sick Leave (ESL) under the Families First Coronavirus Response Act, either with the District or another employer?  No  Yes

4. If remote work is available during the period of your leave, would you be able to work remotely?  No  Yes

5. For what period are you seeking leave?

First date of leave: \_\_\_\_\_ Anticipated return to work (if known): \_\_\_\_\_

6. If you are requesting leave on an intermittent or reduced-schedule basis please describe the leave schedule that you are requesting:

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By signing below, you certify that the information above is accurate:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The [Genetic Information Nondiscrimination Act of 2008](#) (GINA) prohibit employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by these laws. To comply with the law, we are asking that you **not** provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact than an individual or an individual's family member sough or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Please Return To:  
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