

TEANECK BOARD OF EDUCATION HUMAN RESOURCE MANAGEMENT



LEAVE REQUEST FORM

Please complete the appropriate section of this checklist. This form should be returned to Human Resource Management by August 19, 2020 via email at: covidhealthdocs@teaneckschools.org. **PLEASE NOTE ALL LEAVE REQUESTS REQUIRE MEDICAL CERTIFICATION.**

Employee Name _____ School/Dept. _____

Contact Information: Email _____

Phone _____

_____ I am seeking a leave for the birth of my child or to care for my newborn child.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf>

_____ I am seeking leave for the placement of a child with me for adoption or foster care.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf>

_____ I am seeking a leave due to a qualifying exigency because a family member is on or has been called to covered active duty or to care for a family member who is a current member of the Armed Forces who is undergoing medical treatment. Relationship of family member to you: _____

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf>

COVID-19 Related Leave Requests:

_____ I am seeking a leave for my own health condition including advisement by my healthcare provider or pursuant to a federal, state, or local public health authority order to quarantine or I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-E.pdf>

_____ I am seeking a leave due to childcare needs during the COVID-19 pandemic (documentation required). I am seeking the following schedule for childcare purposes: _____

_____ I am seeking a leave to care for a covered family member with a serious health condition.

Relationship of family member to you: _____

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf>

____ I am seeking a leave to care for a loved one who is in coronavirus quarantine, is coronavirus positive or symptomatic.

Complete and submit the following form. <https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/WH-380-F.pdf>

____ I am seeking a leave to self-quarantine for 14 days commencing _____ through _____ due to travel outside the State of New Jersey or other reasons NOT certified by healthcare providers or public health authorities.

I am seeking a leave for the period _____ to _____.

If intermittent or reduced-leave schedule is being requested, please explain why it is needed and the proposed leave schedule:

I certify that the above information is true and correct to the best of my knowledge:

Employee Signature _____ Date: _____

Determination of eligibility for leave, and/or additional documentation or clarification of documentation, may be required prior to making a final leave determination.

For Employer Use Only	
Documentation Received _____	
	Date
Leave Request Approved (See separate Approval Form) _____	
	Date
Leave Request Denied (See separate Denial Form) _____	
	Date
Leave Request Approved for the Period _____	
	Dates

Return to Work Criteria

The New Jersey Restart and Recovery Plan for Education, "The Road Back" states that in all stages and phases of pandemic response and recovery, schools must comply with Center for Disease Control (CD), state and local guidelines for health and safety. Please consult the following link for the NJDOH/CDC guidelines for returning to work.

https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf