

#### **INSTRUCTIONS:**

## This form should only be completed if you have not been approved to work from home.

#### To request a leave under the Anoka Hennepin ISD-11 Covid Pay Extension

- You must complete the leave of absence form.
- Read the entire form.
- Complete this form and submit it to your Principal/Supervisor when you have a confirmed return date to work.
- You will receive an email back once your leave request has been approved or denied.
  - \* The district may need to ask for additional information

## Generally, the district will provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or federal minimum wage; paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

Please return this form promptly to: Employee Services Department Karen Black (763)-506-1090

karen.black@ahschools.us

# **Anoka Hennepin ISD-11 Covid Pay Extension**

Submit the completed form to your Principal/Supervisor after you have a confirmed return to work date

Submit the completed form to your Emergan supervisor area you have a committee return to work date				
Name:		Employee #:		Phone:
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Position:		Leave Start Date:		<b>Employee Building</b>
Hours per day or FTE:		Last Date of Leave:  Return to Work Date:		Location:
				Principal/Supervisor:
	I wish to use Emergency Paid Sick Leave under the Anoka Hennepin ISD-11 Covid Pay Extension following eligibility:    1. Employee is subject to quarantine by federal/state/local quarantine or isolation order   2. Employee was advised to self-quarantine by health care provider   3. Employee has been diagnosed with COVID-19 or are seeking diagnosis because employee is experiencing symptoms of COVID-19  Documentation is not required when your absence has been reported to your building or nurse.  Employee Signature:			