

Hart County Application for Emergency Leave

Paid emergency leave may be granted to employees on a day-by-day basis for full-time or full-year contract as needed for up to three (3) days during the 2021-2022 school year. (KRS 161.152)

Please complete the following request form and submit to the Human Resources Department as soon as possible before leave commences. Verbal notice will be accepted until a form can be provided.

Employee Name (print clearly): _____ Employee# _____

Department/School: _____ Supervisor: _____

Requested Leave Start Date: _____ Estimated End Date: _____

Vaccinated: ____ Y ____ N

Days must be taken consecutively

The reason for this Emergency Leave request is (check the appropriate reason below):

- 1) Employee has tested positive for COVID-19 and is required to self-quarantine
- 2) Employee is experiencing symptoms of COVID-19, is seeking a medical diagnosis, and has been advised by a medical provider, a local health department, or the School District to self-quarantine
- 3) Employee has been advised by a healthcare provider, the local health department, or the School District to self-quarantine due to close contact with another person who tested positive for COVID-19.
- 4) Other: _____

Documentation of the reason for the leave may be required. Examples of acceptable documentation are:

- Source of any quarantine or isolation order, OR
- Written documentation by health care provider who has advised you to self-quarantine

Employee Signature: _____ Date: _____

Section Completed by Human Resources

Manager has verified that the above individual is unable to perform Telework given the nature of the position, or that there is no work available.

HR Rep. Signature: _____ Date: _____

Copy provided to Payroll: (date): _____