

Revised:
9.29.2021

BEGINNING, JANUARY 1, 2021

Frontier Central School District

Coronavirus (COVID-19) Pertinent Information & Leave Request

- * To help keep everyone safe... if you are not feeling well, call in sick per established procedures.

Teachers, administrators, managerial/confidential and professional employees who have AESOP accessibility follow established sick/family sick protocol

Support staff, nurses and contractual professionals whose attendance is not recorded in our AESOP system, please refer to the attached and continue to work with your building/department supervisor to document accordingly.

FRONTIER CORONAVIRUS (COVID-19 LEAVE PROCEDURE)

1. If you are not feeling well, please do not report and contact your building principal or department supervisor.
2. Employee to enter absence in AESOP/established protocol.
3. If COVID-19 eligible, based on NYS and/or Erie County Department of Health Guidelines, employee would note such in AESOP (Teacher, Administrator or Managerial / Confidential).
4. Please complete Frontier COVID-19 form located on the Personnel, Business and Curriculum office Google drive and return the form to the Personnel Office Fax to (716) 926-1756.
5. Personnel Office reviews COVID-19 form to confirm eligibility for paid leave under New York Covid Leave Law (link below):

[New York Paid Sick Leave | The State of New York \(ny.gov\)](#)
6. If eligible, AESOP & attendance record will be amended to reflect NYS Law paid COVID-19 related absence time(s).

FRONTIER CENTRAL SCHOOL DISTRICT
CORONAVIRUS (COVID-19) PAID LEAVE REQUEST FORM

Amended 9/29/21

Name of Employee: _____

Date(s) for which [New York State Paid Leave](#) is requested: _____

By signing this form, I certify that I am entitled to paid leave under the NYS Covid Leave Law for the following reason:

_____ **1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.**

Name of the government entity that issued the order: _____

Provide order. Orders can be requested by contacting your local health department.

If order is not immediately available, ***I certify by signing this form that I meet the criteria for a mandatory isolation, mandatory quarantine, or precautionary quarantine (select one) as outlined below:***

_____ *Mandatory isolation:* employee has tested positive for COVID-19

_____ *Mandatory quarantine:* (a) employee has been in close contact with someone who tested positive for COVID-19 or is currently in mandatory isolation.

Provide medical documentation establishing the relevant criteria as described above, and provide the quarantine or isolation order as soon as you receive it from the local health department (should be received from local health department within 30 days of request).

_____ **2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.**

Name of the health care provider who advised the self-quarantine: _____

Provide documentation to the Frontier Central Personnel Office (716) 926-1756 confidential fax

_____ **3. I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.**

Provide documentation to the Frontier Central Personnel Office (716) 926-1756 confidential fax

Note: If you need leave for the above reasons but are unable to provide documentation immediately, contact Myra Pinker, Assistant Superintendent for Personnel at mpinker@frontiercsd.org and Colleen Duggan, Assistant Superintendent for Curriculum & Instruction at cduggan@frontiercsd.org. The District will grant reasonable extensions of time to provide documentation.

By signing below, I certify that the information provided is true and accurate. If this information is not true and accurate, you may be subject to discipline.

EMPLOYEE SIGNATURE

EMPLOYEE PRINTED NAME

DATE

INTERNAL COMMUNICATION ONLY:

_____ Communicated to Supervisor/Principal their requested absence – AESOP/form submittal: DATE/TIME: _____

_____ Completed the Frontier COVID-19 Leave Request Form & Submitted appropriate documentation per above

_____ All information reviewed – employee is entitled to:

_____ Emergency Paid Sick Leave Act

_____ Not Eligible for Emergency Paid Sick Leave Act

NOTES: _____