

# Frontier Central School District COVID-19 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. Contact your building principal or department supervisor
2. Employee to enter absence in AESOP or follow established protocol
3. If COVID-19 eligible, based on NYSED and/or NYSDOH, employee would note such in AESOP (Teacher, Administrator or Managerial / Confidential)
4. Please complete Frontier COVID-19 form which is located on the Personnel, Business and Curriculum office Google drives and return form to the Personnel Office Confidential Fax to (716) 926-1756
5. If eligible, AESOP & attendance record will be amended to reflect NYS Law paid COVID-19 related absence time (NOTE: To receive time, employee must submit COVID-19 positive lab results)

# FRONTIER CENTRAL SCHOOL DISTRICT

## CORONAVIRUS (COVID-19) PAID LEAVE REQUEST FORM

**APPLICABLE COVID TIME BALANCE STARTED: January 21, 2021**

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:*

**Positive COVID Test**

Provide this form as well as positive lab test documentation to the Frontier Central Personnel Office or send via (716) 926-1756 confidential fax

**By signing below, I certify that the information provided is true and accurate:**

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: