



SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

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Massachusetts COVID-19 Temporary Emergency Paid Sick Leave Request Form

By law, employees must submit a written request to their employer to take Massachusetts COVID-19 Temporary Emergency Paid Sick Leave (COVID-19 Sick Leave). Complete and submit this form to Anne Larkham, HR & Data Specialist, along with written supporting documentation, before taking leave or as soon as practicable. You must also follow all other standard notification procedures with respect to your building administrator as applicable.

Name	
Leave Start Date/Time	
Leave End Date/Time	

Check the appropriate box below for the relevant COVID-19 Sick Leave qualifying reason:

☐ I need to:

- self-isolate and care for myself because I have been diagnosed with COVID-19;
- get a medical diagnosis, care, or treatment for COVID-19 symptoms; or
- get or recover from a COVID-19 immunization.

☐ I need to care for a family member who:

- must self-isolate due to a COVID-19 diagnosis;
- needs medical diagnosis, care, or treatment for COVID-19 symptoms; or
- needs to obtain or recover from a COVID-19 immunization

☐ I am subject to a quarantine order or similar determination by a local, state, or federal public official, a health authority having jurisdiction, my employer, or a health care provider.

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

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☐ I need to care for a family member due to a quarantine order or similar determination regarding the family member by a local, state, or federal public official, a health authority having jurisdiction, the family member's employer, or a health care provider.

Name of governmental entity, employer, or health care provider ordering or advising self-quarantine:

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Name of person subject to quarantine, and relationship to person (such as spouse, parent, etc.):

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By signing below, I attest that I am qualified for COVID-19 Sick Leave for the reason selected above and that, because of this reason, I am unable to work. I understand that making a false claim may result in disciplinary action. I will notify human resources and my building administrator as soon as my circumstances change.

Employee signature

Date

**Make sure to attach any relevant supporting written documentation,
along with this completed and signed written notice, to human resources.**

FOR HR USE ONLY:

Actual Leave Start Date/Time	
Actual Leave End Date/Time	
Total Hours Used	
Total Wages	
Total Related Expenses	
Employee's Primary Place of Employment	
Average Number of Weekly Hours Worked	