Edison Local School District
14890 State Highway 213
Hammondsville, Ohio 43930
Bill Beattie, Superintendent

(740) 282-0065 (330) 532-2860 (Fax) (330) 532-4590

COVID-19
Emergency Paid Sick Leave Act Application

Employee Name: _____ Building; Bus Garage

I am unable to work on the following dates _____ due to:

Please check one of the following:

☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The order is issued by _____.

☐ I am advised by a health care provider to self-quarantine due to concerns related to COVID-19. The health care provider is _____.

☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis. What are your symptoms and when is your appointment scheduled? _____.

☐ I am caring for an individual who is either subject to a Federal, State or local quarantine or isolation order related to COVID-19. This isolation order was issued by _____; or is advised by a health care provider to self-quarantine due to concerns related to COVID-19. The name of the health care provider is _____.

☐ I am caring for my son or daughter if the child's school or place of care is closed, or the childcare provider of the child is unavailable, due to COVID-19 precautions and no other suitable person is available to care for my child. My child's name is _____. The name of the school or childcare provider that has been closed is _____.

☐ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. _____.

Conditions 1-3 will receive their regular rate of pay. For conditions 4-6 will be paid at 2/3 rate not to exceed $200 per day.

_____ _____
Employee Signature Superintendent

_____ _____
Treasurer Date