

Reopening Intake Form

The Los Angeles County Department of Public Health (“LADPH”) has established Reopening Protocols for K-12 School that authorizes, with specific guidance, on-site/in-person reopening of schools. The purpose of this Reopening Intake Form is to provide employees who believe they have a valid reason for not returning on-site/in-person to provide Human Resources with the information necessary for the District to consider your request.

Employee Name: _____ Certificated Classified Management

Job Title: _____ Site/Department: _____

Phone: _____ Email: _____

By submitting this form, I am indicating that I have personal circumstances that prohibit, or make it inadvisable, for me to report to work on-site/in-person when required to do so by the District.

Please complete the information below. Check all that apply. Attach materials as required and/or necessary.

I qualify for a COVID-19 related leave under the Families First Coronavirus Response Act (“FFCRA”) and am attaching a FFCRA Leave of Absence Request Form. (Leave provisions of the FFCRA end on December 31, 2020.)

I have been advised by a health care provider that I am at high risk of contracting COVID-19. I am attaching documentation from a health care provider that I cannot report to work on-site/in-person.

I am caring for a person, or have a member in my household, who is considered to be high risk for contracting COVID-19, which makes me unable to report to work on-site/in-person. I am attaching documentation from a health care provider verifying this statement.

I care for a child/children whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons, which makes me unable to report for work on-site/in-person.

I am able to work remotely, but unable to report for work on-site/in-person. I have checked one or more of the above boxes.

I unable to report for work on-site/in-person, and I am unable to work remotely for the following reasons:

Additional information to be considered:

Employee Signature: _____

Date: _____

Approved Denied Signature: _____ Date: _____