



LEAVE REQUEST CONTRACTING COMMUNICABLE DISEASE AT WORKSITE

Name (Printed): _____

School/Department: _____ Date of Request: _____

Leave for contracting a communicable disease at the worksite Policy allows for the use of up to three (3) days of leave per fiscal year for such illness. In order to qualify for this leave, the following conditions shall be met:

- The employee has filed this claim form with the site administrator within three (3) days upon return to work.
- The site administrator must attach a statement to this request providing information in support of his/her determination that there is a substantial likelihood that the disease was contracted at the worksite (the site administrator may require a doctor’s certificate as part of such supporting information).
- The disease must be one that is ordinarily transmitted in a densely populated setting such as a school (examples include pink eye, ringworm, and lice) and for which the incidence of contagion at the school is considerably higher than in the general population at the time the disease is contracted. **The common cold and influenza are not included among the contagious diseases for which this leave is granted.**
- The employee is not eligible to receive Workers’ Compensation benefits.

In accordance with the leave policy listed above, I am requesting leave due to contracting a communicable disease at the worksite.

Employee’s Signature

Date

*****Site Verification*****

I, as site administrator, verify that this employee more than likely contracted the communicable disease at the worksite. I have reviewed the attached documentation and taken the following action:

Approve Request

Deny Request

School/Department Administrator Signature

Date