



BRIDGEHAMPTON PRECAUTIONARY LEAVE REQUEST FORM

INSTRUCTIONS: Employees who have answered yes to Question #1 or Questions #4, and were asked to leave the premises by administration, please complete this form. Absence requests for any other reason will follow standard procedures and applicable forms. Return this form via email to sfridie@bridgehamptonschool.com or via fax to **631-998-1381**.

EMPLOYEE DETAILS:

Name: _____

Email: _____

Home/Cell Phone: _____

Supervisor: _____

REQUEST DETAILS:

In the past 10 days, have you knowingly been in close contact with anyone who has tested positive for COVID-19, and/or been designated a contact by the local health department.

Are you currently, or have you experienced any COVID symptoms in the past 10 days? (The current CDC definition of symptoms includes: fever, cough, shortness of breath, or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell)

DATES FOR REQUESTED LEAVE _____, 2021 through _____, 2021.
(Maximum 10 days)

PROTOCOL:

Arrange to have a COVID within **24 hours** of answering the health questionnaire in the following order by contacting, for example:

- a) Your personal physician.
- b) A nearby walk-in clinic.
- c) Stony Brook University (888) 364-3065.

If you decline to get tested, then you will be required to use your sick or personal time while self-isolating as you will not be eligible for precautionary order of quarantine or isolation.



SUPPORTING DOCUMENTATION ATTACHED:

- Negative COVID test result

Employer reserves the right to request additional documentation at any time.

EMPLOYEE ACKNOWLEDGMENT

I understand that completion of this form constitutes a request only and is subject to approval by employer. I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize Bridgehampton School District to obtain and verify any necessary information regarding my request. I understand that providing false information may result in corrective action up to, and including, termination of my employment.

EMPLOYEE SIGNATURE _____ DATE _____

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- Employee will be teleworking
 - Employee is not able to telework
 - Employee has been offered telework, but chooses not to at this time

SUPERVISOR SIGNATURE _____ DATE _____