



Hendry County School Board

Michael Swindle
Superintendent of Schools
P.O. Box 1980
LaBelle, FL 33975
Phone: 863-674-4642
Fax: 863-674-4105

Hendry Schools Employee COVID-Related Time Off Eligibility Criteria and Application

Directions: Please read and sign below in order for your time off to be covered by the School District. The application must be submitted within five business days of an employee returning to work after their time off. Please submit the completed application to Melissa Thomley, (Clewiston sub-office @ 863-983-1507) with the attached documentation.

When an employee of the School District meets any of the criteria below, the District will provide paid leave for the employee. The district will cover the cost of the sick leave while an employee is absent from work due to COVID for a period of up to 10 days for each incident.

- If an employee has COVID-like symptoms and has obtained a PCR COVID test, and the COVID test is negative, the employee’s paid time off will be provided for up to 3 days. A copy of the test results will be required.
- If an employee has COVID-like symptoms and has obtained a PCR COVID test, and the COVID test is positive, the employee’s paid time off will be provided for up to 10 days. A copy of the test results will be required.
- If an employee who is providing child care to a child under the age of 18, when no other child care options are available, because the child was ordered to stay home due to exposure or has tested positive for COVID, paid time off will be provided for up to 10 days. A copy of the child’s positive PCR COVID test result OR documentation from the Health Department ordering the quarantine will be required.

I certify that I meet at least one of the three criteria listed above. I am attaching the necessary Doctor’s note, test results, or order from the Health Department to this application.

Print Name: _____ Employee ID #: _____ School: _____
Signature: _____ Date: _____ Phone #: _____

Principal Signature: _____ Date: _____

Only fill out the section below if you are requesting time off due to providing care to a dependent child below the age of 18.

I certify that the following COVID child dependent care guidelines are agreed and understood:

- There was no other person that could provide care to my child other than myself.
- I have attached to this letter a copy of my child’s test result OR documentation from the Health Department that ordered my child to quarantine.
- I will use the time provided by the District to care for my child at home.
- Any misuse of this time will result in my sick time being docked. The District reserves the right to investigate any alleged misuse of paid sick time and take the appropriate action if misuse has occurred.

Print Name: _____ Employee ID #: _____ School: _____
Signature: _____ Date: _____ Phone #: _____

Principal Signature: _____ Date: _____