



Greater Opportunities of The Permian Basin Inc.
Head Start School Readiness Academy

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**GREATER OPPORTUNITIES OF THE PERMIAN BASIN – HEAD START
 COVID –19 LEAVE REQUEST**

*(FORM TO BE USED TO PROVIDE SUPERVISOR WITH ADVANCED WRITTEN NOTICE OF
 EMPLOYEE’S INTENT TO REQUEST LEAVE)*

These provisions will apply from April 1, 2020 through December 31, 2020

NAME: _____

CENTER: _____

QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;	5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
2. has been advised by a health care provider to self-quarantine related to COVID-19;	6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;	7. being involuntarily displaced due to Covid-19 hardships.
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);	

EXPLANATION OF ABOVE LEAVE REQUEST: _____

Employee: _____

Date: _____

Supervisor: _____

Date: _____

HR Manager: _____

Date: _____

Fiscal Manager: _____

Date: _____

Executive Director: _____

Date: _____