

Verification of COVID-19 Reimbursement Form
To be Completed by Employees that tested Positive for COVID-19
between July 1, 2022 - December 1, 2022

Name: _____ **Department:** _____

Date of Positive COVID-19 Test: _____

Date School/Administrator Notified of COVID-19: _____

Dates Absent: _____

Documentation of COVID-19: Attach Vaccine Record and copy of any COVID-19 test: Picture of home test with name and date or copy of test results from a healthcare facility.

If no documentation of the test is available, employees must have reported-off to the administrator/supervisor or office manager of the positive COVID -19 test at the time of the absence.

Guidelines for reporting COVID-19 were sent to all employees and are posted on the website. Failure to follow the guidelines will result in no reimbursement of sick days.

Employee signature: _____ **Date:** _____

Administrator/supervisor signature: _____

This document must be completed and signed by your administrator/supervisor or director and submitted to the office manager in the employee building before sick days are reimbursed.