



Below is information for Certified MCAS employees who wish to apply for days from the Public Health Emergency Leave Bank in the event of COVID-related illness.

If you are diagnosed with COVID and are able to work, you should work remotely, providing live instruction, during your isolation period. You will be paid for these days.

If you are ill and unable to work, you may take PTO days, or you may apply for up to 10 days from the Public Health Emergency Leave Bank. A committee (made up of MCEA and MCAS) will review your request and grant days based on the situation and the available days in the bank. Please note that you are not guaranteed all 10 days.

To apply for days from the Public Health Emergency Leave Bank:

1. Complete Form 607
2. Attach evidence of your positive COVID test and a doctor's note saying you are too ill to perform your duties. (If you must care for a dependent and cannot work, you must provide the same documentation.)
3. Submit the form and doctor's note to Jen Buchanan at Edgewood Elementary School - [jbuchanan@mcas.k12.in.us](mailto:jbuchanan@mcas.k12.in.us)

**PUBLIC HEALTH EMERGENCY BANK  
WITHDRAWAL APPLICATION FORM**

I hereby make application for the withdrawal of \_\_\_\_\_ days from the Public Health Emergency Bank. I certify that this request meets the guidelines as set forth in Article III A.12 of the Agreement between MCAS and MCEA.

The reason I am applying for this loan is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets if necessary)

Evidence supporting this request must also be attached to the completed form. Acceptable documents include a positive COVID test and a note from the physician indicating that you are unable to perform your duties or the same for the individual that is being cared for.

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

DATE RECEIVED \_\_\_\_\_

BY \_\_\_\_\_

Chairperson, Sick Leave Bank Committee

<b>COMMITTEE ACTION:</b>
Approved _____
Disapproved _____
Date _____

RECEIVED ON \_\_\_\_\_

BY SUPERINTENDENT/DESIGNEE \_\_\_\_\_

Copy to PAYROLL  
APPLICANT