

Petition for COVID-19 related Medical Leave of Absence (effective 03/04/2024)

RETURN FORM NO LATER THAN 1 DAY FROM ABSENCE OR RISK BEING DROPPED

COVID-19 LEAVE: Students who are not feeling well and think that they are coming down with symptoms described in the California Public Health guidelines for COVID-19 signs/symptoms, are advised to refrain from any school-related activity (online instruction and/or internships/clinical rotations) immediately. To petition a Leave of Absence, students are strongly REQUIRED to **EMAIL** DASLOA@dusd.net.

PROTOCOL FOR QUARANTINE/ISOLATION & RETURN TO SCHOOL DUE TO COVID-19 EXPOSURE:

ISOLATION and **QUARANTINE** are important because you are infectious (you can spread COVID-19 to others) from 2 days before your symptoms first appeared until your home isolation ends.

Students who are placed on an Approved Leave of Absence due to COVID-19, must adhere to the following conditions prior to returning to on-campus instruction:

If you have tested positive for Covid-19 and are experiencing symptoms:

- You must refrain from in-person instruction for a maximum of 3 days from the date you tested positive
- Provide DAS with proof of positive test result
- The 3 days may include weekends and holidays
- You must return to instruction on the prescribed approval date and wear a mask for 3 days.
- You must make arrangements with your instructor to make up missed course work and clock-hours prior to the end of the current module.
- Failure to adhere to conditions of approval may result in failing the current module or being dismissed from the program.

COVID-19 Medical Leave of Absence Petition

RETURN FORM NO LATER THAN 3 DAYS FROM ABSENCE OR RISK BEING DROPPED

Student Responsibility

- Must read and understand the DAS's Leave of Absence Policy
- Provide proof of positive test result
- To seek clarification regarding this policy.
- Submit a completed Petition Form with appropriate documentation for your request. **Incomplete petitions will not be considered.**

Last Name	First Name	SID Number	
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Street Address		Apt #	Telephone Number
City	State	Zip	Email
Program	AM – PM?	Teacher Name	Program Director Initial

Date of Symptoms/ Positive Test: _____

REASON FOR REQUEST – check the one that applies to you:

		REQUIRED
	Tested positive for COVID-19 and experiencing symptoms:	Provide proof of positive test result AND
		Stay home for 3 days Provide proof of positive test result

I have read and understand the instruction and policies regarding a Leave of Absence.

Student Signature: _____ Date: _____