



**Theodore W. Love, Ed.D.**  
*Director of People Operations*  
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Sick to COVID leave day request

I, \_\_\_\_\_ would like to request \_\_\_\_\_ of my sick days to be  
(name) (number)

converted into \_\_\_\_\_ COVID leave days in correlation with my isolation period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent and/or  
Director of People Operations

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Please note that a maximum of ten (10) sick days may be converted into ten (10) COVID days for a maximum of three times in a lifetime.

Completed Self Attestation: Affirmation of Isolation Form shall be submitted to the Director of People Operations Office for review and approval. Please note this process may take up to ten (10) business days.

Cc: Employee  
Payroll  
File