

# SOAR Held Harmless Absence Application

Adopted January 6, 2016

The SOAR Held Harmless Procedures have been adopted by Chester County Schools with the purpose of protecting employees who are absent in excess of the \*12 allowable days due to serious health conditions of the employee or the employee's close family members or the military deployment of the employee or the employee's close family member. Held Harmless Days are limited to the guidelines established in the SOAR Held Harmless Policy.

Applicant's Name \_\_\_\_\_

Reason for Extended Absence, Pertinent Information, Documentation

\_\_\_\_\_ Health Condition – Employee (Hospitalization or Chronic Health Condition)

*Dates of absence must be documented and added to this form within 60 days of the initial absence.*

Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Attach documentation (Doctor's Statement, Hospital Bill, Insurance Statement, etc.) to the back of this form.*

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

- \_\_\_\_\_ Health Condition – Employee's Close Family Member (Hospitalization or Chronic Health Condition) (Spouse, Child, Grandchild, Parent, Grandparent)

Name of Close Family Member: \_\_\_\_\_

Relation of Close Family Member: \_\_\_\_\_

*Dates of absence must be documented and added to this form within 60 days of the initial absence.*

Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Attach documentation (Doctor's Statement, Hospital Bill, Insurance Statement, etc.) to the back of this form.*

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

\_\_\_\_\_ Pregnancy; Adoption or Foster Care of a Preschool Aged Child

Projected Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Dates of absence must be documented and added to this form within 60 days of the initial absence.*

Actual Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

\_\_\_\_\_ Paternity Leave: Adoption or Foster Care of a Preschool Aged Child

Projected Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Dates of absence must be documented and added to this form within 60 days of the initial absence.*

Actual Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

\_\_\_\_\_ Military Deployment – Employee

Projected Dates of Deployment:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Dates of absence must be documented and added to this form within 30 days of the absence ending date.*

Actual Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Attach documentation of deployment to the back of this form.*

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

\_\_\_\_\_ Military Deployment – Employee's Close Family Member

Name of Close Family Member: \_\_\_\_\_

Relation of Close Family Member: \_\_\_\_\_

Projected Dates of Deployment:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Attach documentation of deployment to the back of this form.*

Actual Dates of Absence:

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*Dates of absence must be documented and added to this form within 30 days of the absence ending date.*

Number of School Calendar Days applied for under Held Harmless: \_\_\_\_\_

I, \_\_\_\_\_ verify the information provided above to be true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

\*The 12 allowable days refers to the eligibility guidelines for the **BONUS** portion of SOAR only.