



St. Tammany Federation of Teachers & School Employees  
 Health & Welfare  
 19295 N. 3<sup>rd</sup> St.  
 Suite 8  
 Covington, La 70433  
 985-888-1750

## Amended COVID Relief Fund Application

Given the overwhelming demand for COVID days, the Federation’s Health & Welfare Board of Trustees has tapped into its reserve to create a COVID relief fund. Give the strictures governing the stature for the fund, eligible applicants will be to limited to the following:

(i) Health & Welfare eligible employees during the 2021-2022 school year who have been docked pay who are medically required to isolate and/or quarantine, when they have no sick leave days, or

(ii) Health & Welfare eligible employees who have during the 2021-2022 school year used all or part of their annual sick days as the result of having to isolate and/or quarantine because of COVID and now have to have a medical procedure or consult with a medical physician concerning suspected or actual illness, and having no sick days have been docked pay.

Many employees are desperate, and the Health and Welfare Fund is trying to do what it can to ease financial hardship caused by the pandemic and the medical need to isolate and quarantine. The fund will award applicants \$150 per day for a maximum of three (3) days to eligible participants of the Health and Welfare Fund who have lost pay until the Fund runs out of money, present funding (\$50,000), the school system gives COVID days, or the 2021-2022 school year ends; whichever comes first.

In order to be eligible, this application must be filled out completely and the applicant must be a participant of the Health and Welfare Fund and provide sufficient documentation attached to this application proving that they have been docked pay due to medical isolation or quarantining. Sufficient documentation includes: check stubs, quarantine orders, isolation orders, positive COVID test, and/or any other relevant documentation.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Site: \_\_\_\_\_

Date(s) of Lost Pay: \_\_\_\_\_  
 \_\_\_\_\_

Give a brief description of the documentation you have attached to the application proving that you have been docked pay due to COVID induced quarantine or isolation.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that any false statements or deliberate omissions on this form may subject me to legal actions for fraudulent misrepresentation.*

\_\_\_\_\_  
Applicant Signature Date