



DeRuyter Central School

Home of the Rockets

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Neal A. Capone, Ed.D.

Superintendent of Schools

Jenny Valente
Director of Special Education
PK-4 Principal

Stephen Rafferty
5-12 Principal

Amanda Graham-Quirk
School Business Executive

COVID-19 Self Attestation Form

Complete if you have tested positive for COVID-19

Name: _____

Self Isolation Dates: _____

I, _____ attest that I have tested positive for COVID-19. I am requesting to use Covid-19 Paid Sick Leave for the time I was out.

Those infected with COVID-19 are now cleared to return to work when symptoms are improving, and any fever is gone for 24 hours without the use of fever-reducing medications (there is no 5-Day mandatory isolation).

Employee Signature

Date