

## COVID Emergency Leave Statement of Assurance

By submitting the claim dated \_\_\_\_\_ from \_\_\_\_\_ School District, the district assures the Arkansas Department of Education, Division of Elementary and Secondary Education that the leave time represented is/are qualifying instance(s) for the Governor's COVID Emergency Leave program.

Further, the district assumes responsibility of collecting appropriate documentation to prove the eligibility of each claimed instance. The district will retain this documentation according to the standard retention schedule and make it available for review as requested.

The district acknowledges that any approved claims later found to be submitted with false data are subject to refund from general operating funds.

Superintendent Name: \_\_\_\_\_

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