

# Madison County Schools

## Administrative Leave (COVID Exclusion/Isolation Report)

Option A

Employee Name: \_\_\_\_\_ Last Four of Social: \_\_\_\_\_

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

First day of leave: \_\_\_\_\_

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

### TO BE COMPLETED BY SCHOOL NURSE

Exposure to Student <input type="checkbox"/> Exposure to Co-Worker <input type="checkbox"/>	Positive Test Result (After exposure at school) <input type="checkbox"/>
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PROJECTED RETURN DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Signature of Personnel Director