

**MADISON COUNTY SCHOOLS
EMPLOYEE COVID LEAVE REQUEST**

Option B

Employee Name _____ Last Four of Social _____

Work Location _____ Position _____

First Date of Leave _____ Projected Return Date _____

Reason for Leave (Check one)

	1- Employee's dependent child received a postive test result (Attach a copy of the postive test result)
	2- Employee's dependent child was exposed at school and excluded from the school campus (Attach a copy of the exclusion letter from the school)

I certify that the above information is correct and my request is based on the reason indicated.

Employee Signature

Date

Principal/Supervisor Signature

Date

Personnel Director Signature

Date