

Coffee County Schools
EMERGENCY COVID SICK LEAVE REQUEST FORM

Effective for leave after January 24, 2022

If an employee tests positive for COVID and has been employed for at least 30 days that employee will be eligible for five days of emergency paid leave through the Coffee County School System.

Employees are required to provide proof of a positive test with their name identified to be eligible for the leave.

This is a typeable form, once the information is completed, save to your computer and forward as an attachment along with the positive test to Amanda Miller, Employee Leave Specialist - Amanda.Miller@coffee.k12.ga.us

As soon as you receive your positive test results, notify your school administration, submit the form promptly and follow the COVID Protocols.

**Do not report to work for five days of initial symptoms,
if you have been diagnosed with COVID-19.**

I would like to request COVID Leave due to a positive test.

Date: _____ **Employee ID** _____

Employee Name (please print): _____

Employee Title/Position: _____

School/Department: _____

Name of Employee's Supervisor: _____

Date(s) of Leave Requested: _____ **to** _____

My signature below certifies that all information on this form is accurate and truthful.

Employee Signature: _____ **Submission Date:** _____