

FRANKLIN COUNTY SCHOOL DISTRICT
EMPLOYEE REQUEST FORM
COVID-19 LEAVE

Franklin County School District employees who test positive for Covid-19 or have someone that lives in their home that tests positive for Covid-19 shall have ten (10) additional sick days. This shall only be a one-time occurrence during the 2021-2022 school year. This policy is effective for the 2021-2022 school year for only as long as provision for payment of state employees during the Covid-19 pandemic is included in any applicable Governor's Executive Order. Employees must complete this form, submit it and positive Covid-19 test results or any questions to Stephanie Moore at smoore@fcsd.k12.ms.us.

Employee Name: _____	
Mailing Address: _____	E-mail: _____
Home Phone Number: _____	Alternate Phone Number: _____
Anticipated Begin Date of Leave: _____	Expected Return to Work Date _____

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is truthful and complete. I understand that misrepresenting my need for leave is grounds for disciplinary action, up to and including termination. I also understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the dates/schedule with my supervisor, I may be subject to disciplinary action in accordance with School District Policy.

Employee Signature: _____ Date: _____

<u>FOR SCHOOL DISTRICT USE ONLY</u>
Request Received By: _____ Date: _____
Leave Approved By: _____ Date: _____
Period of Leave: _____
Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____
<i>The School District will retain all records related to this leave request for at least 4 years for auditing purposes.</i>