

**THOMASVILLE CITY SCHOOLS  
EMPLOYEE LEAVE REQUEST  
LOCAL BOARD RESPONSE TO CORONAVIRUS**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

First Date of Leave: \_\_\_\_\_ Duration of Requested Leave: \_\_\_\_\_  
(# of days)

Requested Leave Type: \_\_\_\_\_ Sick \_\_\_\_\_ Personal  
\_\_\_\_\_ **Board Approved** - *\*Written documentation required for self  
isolation outside of the school setting.\**

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**Reasons for  
Leave  
(check one)**

- \_\_\_\_\_ 1 – Employee is subject to federal, state, or local COVID-19 quarantine/isolation order (\*not currently available in Alabama)
- \_\_\_\_\_ 2 – Employee has been advised to self-quarantine by health care provider due to COVID-19 (certification from health care provider may be required)
- \_\_\_\_\_ 3 – Employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis (certification from health care provider may be required)
- \_\_\_\_\_ 4 – Employee is caring for a person subject to federal, state, local or health care official's COVID-19 quarantine/isolation order
- \_\_\_\_\_ 5 – Employee is caring for a son or daughter whose schools has been closed due to COVID-19 or whose childcare is unavailable during COVID-19
- \_\_\_\_\_ 6 – Employee is experiencing a substantially-similar condition specified by the U.S. Department of Health and Human Services.
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I certify that the above information is correct and my request is based on the reason indicated.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Action Taken: \_\_\_\_\_ Leave Approved \_\_\_\_\_ Leave Denied

Type of Leave: \_\_\_\_\_ Board Approved \_\_\_\_\_ FMLA \_\_\_\_\_ Accrued Leave

Notes: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_