



COLBERT COUNTY SCHOOLS

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FAMILIES FIRST CORONAVIRUS RESPONSE ACT EMPLOYEE LEAVE REQUEST

Complete the form by filling in all blanks below. To submit your leave request, email this completed form along with medical documentation to lmcdonald@colbert.k12.al.us or *deliver to Central Office ATTN: Lymos McDonald.*
THIS COMPLETED FORM AND MEDICAL DOCUMENTATION MUST BE TURNED IN TOGETHER.

Employee Name

Work Location

Employee Phone

Job Title

Duration of Requested Leave (In Workdays)

First Date of Leave

MEDICAL DOCUMENTATION

All documentation must come from your healthcare provider, and be submitted with this form. Acceptable documentation may include COVID test results, return to work, or other verifiable documents from your healthcare provider.

Healthcare Provider Name

Healthcare Provider Address

Healthcare Provider Phone

Attach all Medical Documentation to this form and submit together. Do not submit this form until you receive all documentation from your healthcare provider. Any incomplete Leave Requests will not be considered.

EMPLOYEE ACKNOWLEDGEMENT

I certify that all information included above is accurate and correct.

Employee Signature

Date Signed

OFFICE USE ONLY