

**Mountain Grove R-III School District  
COVID-19 Leave Request Form**

**Instructions:**

Employees requesting leave related to the coronavirus disease (COVID-19) should complete this form only if you are requesting leave for one of the reasons listed below. Leave requests for any other reason will follow standard procedures. Employees must call the sub line and notify their building administrator.

**This completed form must be returned to Bobbi Benson at Central Office**

**Email:**    [bbenson@mg.k12.mo.us](mailto:bbenson@mg.k12.mo.us)

**Fax:**        417-926-4564

Do not report to work if you have been diagnosed with COVID-19, are exhibiting any symptoms of COVID-19, or if you have been in direct contact with an individual with a confirmed case of COVID-19.

**Employee Details**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Home/Cell Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Have you contacted the  
County Health Department?**

Yes  
 No

**Name of Health Dept. Contacted:**

\_\_\_\_\_  
**Date Contacted:**  
\_\_\_\_\_

**Leave Request Details**

- Quarantined by your County Health Department
  
- Confirmed or suspected case of COVID-19 in household  
 Employee       Member(s) of household
  
- To care for a family member with a confirmed or suspected case of COVID-19  
 Parent       Spouse       Child       Other \_\_\_\_\_
  
- Leave request due to voluntary disclosure of vulnerable health status

**1st day of leave** \_\_\_\_\_      **Date of Return To Work** \_\_\_\_\_

**It is the responsibility of the employee to report to Central Office when you have returned to work.**

I certify that the information contained on this form is true and correct to the best of my knowledge. I authorize the Mountain Grove R-III School District to obtain and verify any necessary information regarding my request.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date