

COVID-19 TEMPORARY LEAVE REQUEST
Bell County

TO: _____
Department Supervisor

FROM: _____
Name of Requesting Employee

Department

SUBJECT: COVID-19 TEMPORARY LEAVE

In the space below and on the back, if necessary, explain your need of the COVID-19 Temporary Leave. Please provide a dates of anticipated leave if possible. Documentation in accordance to the COVID Temporary Leave Policy will need to be provided along with the request depending upon the reason for leave.

Days / Hours requesting: _____

If the circumstances of your leave change, or you are able to return to work earlier than the dates anticipated, please advise your supervisor.

Employee Signature

Date

Department Supervisor:

Approved _____

Disapproved _____