



# West Bolivar Consolidated School District

Dr. Montrell Greene, Interim Superintendent

P.O. Box 189 Rosedale, MS 38769 • (P) 662-759-3525 • (F) 662-759-6316

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## REQUEST TO WORK FROM HOME

I, \_\_\_\_\_, am requesting permission to work from home and continue fulfilling my duties as a \_\_\_\_\_ in the West Bolivar Consolidated School District. I understand that it is my responsibility to maintain documentation of the days and time that I am working. I also understand that the superintendent makes the final determination of whether a day off campus is considered a day of work. I am making this request due to the following reason:

\_\_\_\_\_ I have been diagnosed with COVID

\_\_\_\_\_ Other (Please Specify)

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

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Approved    \_\_\_\_\_ Denied

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

*"Doing The Right Thing the Right Way"*