NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT

Maurice Smith, Superintendent **Xandra Brooks-Keys, Asst. Superintendent**
204 North Edwards Avenue | Mound Bayou, MS 38762 | 662-339-3781 (Phone)

Work from Home Request Form

Employee name _____ **Title** _____

E-mail _____ **Contact Number** _____

Department / School _____

Date(s) of Request _____ **to** _____

Request Description

Category (Indicate Hours Available for Work):

☐ Full-time, limited time: From _____ To _____

☐ Part-time, limited time: Hours/Day _____ From _____ To _____

☐ One time only: Date _____ Hours _____ To _____

Thank you for considering this request. Medical / required documents are attached. Please let me know if additional information is needed.

Employee signature _____ Date _____

Supervisor's Approval _____ Date _____

FOR CENTRAL OFFICE USE ONLY

☐ **APPROVED** ☐ **DENIED**

Superintendent/HR Director _____ Date _____