

**Barbour County Board of Education**  
**Family First Coronavirus Response Act Request Form**

**Completed form must be emailed to David Neff at [dbneff@k12.wv.us](mailto:dbneff@k12.wv.us)**

**This form is to be used for the time period of January 1, 2021 through June 30, 2021.**

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**Section 1 - General Information**

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ School or Location: \_\_\_\_\_  
\_\_\_\_\_  
Present Position: \_\_\_\_\_  
Subject/Classification: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

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**Section 2 - FFCRA Reason for Leave**

**I am unable to work because:**

- I am subject to a required work related quarantine related to COVID-19. *Must have written directive from the Barbour County Health Department with contact tracing info. Teacher must continue to provide educational support to the classroom and students as arranged*  
1. *with the principal/supervisor. [COVL - COVID LOCAL REASON]*

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**Section 3 - Dates**

First Date of Leave: \_\_\_\_\_ Late Date of Leave: \_\_\_\_\_

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**Section 4 - Return to Work**

Prior to completion of the Leave of Absence, the employee shall report his or her readiness to resume employment to his or her supervisor prior to the date of returning to work.

I affirm that, to the best of my knowledge, the information in this request is correct.

\_\_\_\_\_  
Signature of Employee or Representative Date

\_\_\_\_\_  
Signature of Supervisor Date

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**Section 5 - Comments and Approval from Personnel Director**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel Director Date

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**Section 6 - Comments and Approval from Treasurer**

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Treasurer

\_\_\_\_\_  
Date

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**Section 7 - Comments and Approval from Superintendent**

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

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**Section 8 - TSSI/SmartFind Express**

Date Update Completed: \_\_\_\_\_

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**Section 9 - Payroll Department**

Date Update Completed: \_\_\_\_\_