

# REQUEST FOR LEAVE OF ABSENCE

(Please return this form to the PRINCIPAL upon completion)

**TO:** Rogersville City Board of Education

**FROM:** \_\_\_\_\_

**RE:** Request for Leave of Absence

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby request a leave of absence from my duties as \_\_\_\_\_ in the ROGERSVILLE CITY SCHOOL for a period of time beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending \_\_\_\_/\_\_\_\_/\_\_\_\_. The reason for my request is:

and I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the Principal in writing at least (30) days prior to the date of return if I do not intend to return to this position. I understand failure to render such notice may be considered breach of contract.

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

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Principal

Interim Teacher Sub(S): \_\_\_\_\_  
(1st 20 Days) Name

Certified Interim Teacher Sub: \_\_\_\_\_  
(21st Day - till end of leave) Name

**\*\*\*Note: After this form has been signed and interim teacher listed by the Principal please return this form to the Finance Office**

Rcvd by Finance Office \_\_\_\_\_  
Date Received

BOE Approval \_\_\_\_\_  
Date Approved