

Smith County Board of Education

LEAVE OF ABSENCE - NON CERTIFIED PERSONNEL

TO: DIRECTOR OF SCHOOLS

I, _____, hereby request a leave of absence from my duties and assignments at _____, in the Smith County School System for a period of time beginning _____ day of _____, _____, and ending _____ day of _____, _____.

The reason for my leave of absence is: _____

I am requesting to use the following number of days:
_____ days of sick leave; _____ days of personal leave; _____ days of unpaid leave.

I understand that I may be discharged if I fail to comply with the policy governing the Leave of Absence.

Principal Signature and Date

Employee Signature and Date

For Office Use Only:

_____ Accepted _____ Rejected

Director of Schools Signature and Date