

### Extended Leave of Absence Request Form

(Use this form when requesting LOA for one year or more)

TO: Greene County Director of Schools

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

RE: **Request for Extended Leave of Absence**

I hereby request an Extended Leave of Absence from my duties as \_\_\_\_\_  
*(Position)*

At \_\_\_\_\_ School in the Greene County School System for a

period of time beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
*Month Day Year* *Month Day Year*

The reason for my request is:

- ( ) Educational: \_\_\_\_\_
- ( ) Legislative: \_\_\_\_\_
- ( ) Maternity: \_\_\_\_\_
- ( ) Medical: \_\_\_\_\_
- ( ) Military: \_\_\_\_\_
- ( ) Other: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand the request is irrevocable and I forfeit my rights if I fail to proceed according to this request after Director approval excepting unforeseeable circumstances. I shall notify the Director in writing at least thirty (30) days prior to the date of my return or May 1 (whichever comes first) if I do not intend to return to this position. I understand failure to render such notice may be considered breach of contract.

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

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

Recommended by: \_\_\_\_\_  
*(Personnel Director)*

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

Approved by: \_\_\_\_\_  
*(Director)*

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