

Smith County Board of Education
EXTENDED LEAVES OF ABSENCE

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 _____, and ending _____.
(month/date/year) (month/date/year)

Please check leave requested:

____ Military Leave ____ Maternity ____ Recuperation of Health
____ Legislative ____ Adoption ____ Education Improvement
____ Other (please explain): _____

I am requesting to use the following number of days:

____ days of sick leave; ____ days of personal leave; ____ days of unpaid leave

Any teacher on leave shall, at least 30 days prior to the date of return, notify the director of schools in writing if the teacher does not intend to return to the position which he/she is on leave. Failure to send such notice may be considered breach of contract (TCA 49-5-706).

I also understand that I forfeit my rights if I fail to comply with the regulations 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