

GRAINGER COUNTY BOARD OF EDUCATION
P.O. Box 38
Rutledge, Tennessee 37861

APPLICATION FOR LEAVE OF ABSENCE FOR CERTIFIED PERSONNEL

1. Leave of absence shall be requested thirty days in advance. This may be waived upon a certified statement by a physician.
2. Positions vacated for less than twelve months shall be filled with an interim teacher for such time as the teacher is on leave. Upon return of said teacher within the twelve months, the interim teacher shall relinquish the position and the teacher shall return there to. If the leave exceeds twelve months, the teacher shall be placed in the same or a comparable position upon return from leave.
3. All leaves, except military, shall be from a date certain to a date certain: however, any leave may be extended to a later specified date upon request using the same procedures as for original leave. Military leave is granted for whatever period may be required.
4. Any teacher on leave shall, at least thirty days prior to return, notify the superintendent in writing if said teacher does not intend to return to the position from which leave has been granted. Failure to render such notice may be considered breach of contract.

I, _____, presently assigned as
_____ at _____ school,
(Position)
request a leave of absence from _____ to _____
(Beginning Date) (Ending Date)

for one of the following:

_____ Personal

_____ Medical: (Mark One) _____ Self or _____ Family

_____ FMLA: (Mark One) _____ Self or _____ Family

Last Day Worked: _____ Please use _____ of my accumulated sick days.

If it is my intention to return to the position from which my leave is granted, I shall, thirty days prior to April 15th, make re-application with the Director of Schools.

Signature _____

Date _____

Address _____

Home Phone _____

City/State/Zip _____

Cell Phone _____

For Office Use Only:

Date Received _____ Date Approved _____ Date Notified _____

FMLA Request Only - Date of Original Request _____