

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

APPLICATION FOR LEAVE OF ABSENCE FOR NON-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. Any non-certified person on leave shall notify the Director in writing if said person does not intend to return to the Grainger County School System.
3. Any changes in the original dates requires another application to be completed.

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 15<sup>th</sup>, 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 \_\_\_\_\_