

LEAVE WITHOUT PAY REQUEST FORM
LANETT CITY BOARD OF EDUCATION
Lanett, Alabama

REQUEST FOR LEAVE FROM DUTY WITHOUT PAY

Name: _____

School/Worksite: _____

I hereby request leave from my official duties based on the following information:

Date leave to begin: _____ Date leave to end: _____

I understand that Lanett City Board of Education is not required to reinstate me to my original position at the completion of my leave. I also understand failure to accept any position offered will end my employment with Lanett City Board of Education.

I understand that failure to return to work on the above stated date or failure to notify the Lanett City Board of Education in writing that I wish an extension will result in my separation from employment with the Lanett City Board of Education. Extension request may or may not be granted.

If leave is being requested for medical reasons, a Physician's statement must accompany the original request form stating reason for leave and expected dates of departure and return.

I have read "Annual Leave of Absence " Policy 6.70.1 and I am making this request being fully aware of its terms and conditions.

Employee Signature: _____ Date: _____

Signature of Principal/Supervisor: _____ Date: _____

Superintendent Signature: _____ Date: _____