

Request for Leave of Absence

To: Sequatchie County Board of Education

From: _____

RE: Request for Leave of Absence

Date: _____

I hereby request a leave of absence from my duties as _____

in the _____ School for a period of time beginning

_____ and ending _____. The reason for my

request is _____

and I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the director of schools in writing at least thirty (30) days prior to the date of return if I do not intend to return to this position. I understand failure to render such notice may be considered a breach of contract.

Signature: _____

Date: _____

Recommended by: _____
Principal

Date: _____

Recommended by: _____
Director of Schools

Date: _____

Approved by School Board on: _____