

Leave of Absence Request

Dickson County Schools
 817 N. Charlotte Street • Dickson, TN 37055
 Phone: (615) 446-7571

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone #: _____ School: _____ Position: _____

Leave is requested from _____ to _____

Reason for Request: _____ Tenured teacher? Yes No

Check Type	Type of Leave Requested	Paid or Non-Paid Status
<input type="checkbox"/>	Military service	Paid: within the guidelines of policy 5.3060
<input type="checkbox"/>	Legislative service	Non-paid
<input type="checkbox"/>	Maternity	Paid: within the guidelines of policy 5.3020
<input type="checkbox"/>	Adoption	Paid: within the guidelines of policy 5.3020
<input type="checkbox"/>	Health (sick)	Paid: within the guidelines of policy 5.3020
<input type="checkbox"/>	Educational Improvement	Non-paid
<input type="checkbox"/>	Other	Non-paid

All leave granted which also qualifies for benefits under the "Family Medical Leave Act" (FMLA) will run concurrently with FMLA benefits.

Please state how many sick days, personal days or days without pay will be used for this leave:

I hereby request a leave of absence from my duties with the Dickson County Board of Education. I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the director 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 breach of contract.

Applicant

Date

Principal approval

Date

Supervisor approval

Date

Director of Personnel approval

Date

Director of Schools approval

Date