

(COMPLETE IN DUPLICATE)

**REQUEST FOR LEAVE OF ABSENCE
HARDEMAN COUNTY BOARD OF EDUCATION**

Donald L. Hopper, Ph.D.

Director of Schools

**10815 Old Highway 64---P.O. Box 112
Bolivar, Tennessee 38008**

All leaves must be requested 30 days in advance. The 30-day notice may be waived if leave is for recuperation of health and only if accompanied by certified statement from attending physician.

Name: _____

PRESENT TEACHING ASSIGNMENT:

School _____ Grade Level & Subject Area _____

DURATION OF LEAVE:

Last workday _____ Date returning to work _____

***SEE NOTE:**

INDICATE BY CHECKMARK TYPE OF LEAVE REQUESTED:

_____ Maternity

_____ Legislative Service

_____ Adoption

_____ Recuperation of Health

_____ Military Service

_____ Other (Describe Below)

Requests for maternity leave must be accompanied by a physician's statement verifying pregnancy. A teacher who goes on maternity leave may use all or a portion of her accumulated sick leave, but not to exceed the period of her physical disability as verified by a physician.

Number of sick leave days, which are to apply to maternity leave: _____
It is my intent to return to the position from which leave is granted.

Signature of Teacher

Date

Office Use Only

Board Action
<i>Signature-- Director of Schools</i>

*All leaves of absence except for Legislative service and Military service must be from a certain date to a certain date. A teacher may request to extend the ending date of a leave. Any such request must be made on like form.