

**Application for Leave of Absence from
the Marshall County School System
Lewisburg, TN 37091**

Employee Name _____ Date _____

Address _____

Type of Leave Requested:

<input type="checkbox"/> Military Service	<input type="checkbox"/> Recuperation of Health
<input type="checkbox"/> Maternity	<input type="checkbox"/> Educational Improvement
<input type="checkbox"/> Adoption	<input type="checkbox"/> Other: Explain _____

Statement of Intent to Return to the position from which leave is granted:

*Leave to Begin: Date _____
Month Day Year

Leave to End: Date _____
Month Day Year

Sick Days to be taken _____ Days without pay to be taken _____

Public Charter 175 states, "Any teacher on leave shall, at least thirty (30) days prior to the date of return, notify the Director of Schools in writing if said teacher does not intend to return to the position from which she/he is on leave. Failure to render such notice may be considered breach of contract."

Signature of Employee

Signature of Director of Schools

*If military service, omit.