

REQUEST FOR LEAVE OF ABSENCE

TO: Rogersville City 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 breach of contract.

Signature: _____

Date: _____

Recommended by: _____
Principal

Date: _____

Recommended by: _____
Director of Schools

Date: _____