

Dickson County Board of Education  
817 North Charlotte Street  
Dickson, TN 37055  
(615) 446-7571  
Fax # (615) 441-1375

# Leave of Absence Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ School: \_\_\_\_\_ Position: \_\_\_\_\_

Leave is requested from \_\_\_\_\_ to \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Type of Leave Requested	Check Type	Paid or Non-Paid Status
Military service		Paid: within the guidelines of policy 5.3060
Legislative service		Non-paid
Maternity		Paid: within the guidelines of policy 5.3020
Adoption		Paid: within the guidelines of policy 5.3020
Health (sick)		Paid: within the guidelines of policy 5.3020
Educational Improvement		Non-paid
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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Schools Signature

\_\_\_\_\_  
Date