

# BRADLEY COUNTY BOARD OF EDUCATION

## LEAVE OF ABSENCE REQUEST FORM

*Required by Tennessee Code Annotated § 49-5-702*

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This form must be used for anyone requesting a long term leave of absence for twenty (20) or more consecutive school days. All leave of absences must be approved by the Director of Schools.

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

School: \_\_\_\_\_ Position: \_\_\_\_\_  
(Grade and/or Subject)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Reason for Leave: \_\_\_\_\_  
(Military, Legislative Service, Maternity, Adoption, Recuperation of Health, Educational Improvements, or other sufficient reason)

Date Leave Begins: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Do you intend to return to the above position at the end of leave (check on)?  Yes  No

Any teacher on leave must notify the director of schools in writing at least thirty (30) days prior to the date of return if the teacher does not intend to return to the position from which the teacher is on leave. For teachers on leave at the end of a school year, you must notify the director of schools in writing by June 1 of your intentions regarding continued employment. Failure to render such notice will be considered breach of contract and will result in termination of employment.

Request for leave should be made thirty (30) days in advance, except in case of emergency.

It is imperative that you come to Human Resources to discuss your insurance options and complete the necessary paperwork regarding your leave of absence. When you return to active employment, you will have thirty-one (31) days to reactivate insurance coverage by completing the appropriate enrollment form. If you fail to re-enroll within thirty-one (31) days, you may not be eligible for coverage.

Signature \_\_\_\_\_ Date \_\_\_\_\_

HR Director Approval:  Yes  No \_\_\_\_\_  
Signature Date

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Approval:  Yes  No \_\_\_\_\_  
Signature Date