

**Elmore County Board of Education
Request for Leave of Absence**

Print Name: _____

School or Work Site: _____

Position (*If teacher give grade level / subject*): _____

Dates being requested:
From: _____

To: _____

- Purpose: Maternity Leave
 Extended Medical Leave (Please attach Doctor's Statement)
 Military Leave (Please attach copy of orders)
 Other

(If other, please explain) _____

- For Payroll Purposes: Use Sick Days
 Use Personal Leave Days
 Do not use Sick or Personal Leave Days
 Sick Bank (# Days Requested: _____)

If sick bank, please also attach Sick Bank Committee Request Form.

Signature

Date

Signature of Principal / Director / Coordinator

Date

Signature of Assistant Superintendent

Date