

WAYNE COUNTY BOARD OF EDUCATION

APPLICATION FOR LEAVE  
Pursuant to Tenn. Code Ann. 49-5-702

**Name of Teacher Requesting Leave:**

\_\_\_\_\_ Phone # \_\_\_\_\_  
*Please Print*

**Type of Leave Requested (please check one):**

Military Service \_\_\_\_\_ Adoption \_\_\_\_\_

Legislative Service \_\_\_\_\_ Recuperation of Health \_\_\_\_\_

Maternity \_\_\_\_\_ Education \_\_\_\_\_

Visitation of a spouse, child or parent deployed for military duty who is out of the country and has been granted rest and recuperation leave. \_\_\_\_\_

Other \_\_\_\_\_

**Requested Dates for leave:**

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ I will be using \_\_\_\_\_ sick days

\_\_\_\_\_ I will be taking \_\_\_\_\_ days without pay

*Note: All leaves, except military and legislative leave, shall be from a date certain to a date certain. Leave relative to military visitation shall not exceed ten (10) days. (Tenn. Code Ann. 49-5-704)*

**Please provide a description of and the reason for requested leave:**

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**Do you intend to return to the position from which leave is granted?**

Yes \_\_\_\_ No \_\_\_\_

*Note: Any teacher on leave shall, at least 30 days prior to the date of return, notify the Director of Schools in writing if he/she does not intend to return to the position from which the teacher is on leave. (Tenn. Code Ann. 49-5-706)*

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Principal Signature

*\*All leaves shall be requested in writing at least 30 days in advance. The 30-day notice may be waived or reduced by the Director of Schools or upon a certified statement of a physician approved by the Director of Schools. (Tenn. Code Ann. 49-5-702)*