

**JEFFERSON COUNTY SCHOOLS
REQUEST FOR LEAVE OF ABSENCE
FOR CERTIFIED EMPLOYEES**

TO: JEFFERSON COUNTY BOARD OF EDUCATION

FROM: _____

DATE: ____ / ____ / ____

I hereby request a leave of absence from my duties as _____ in the
_____ School for a period of time beginning
____ / ____ / ____ and ending ____ / ____ / ____.

Current home address: _____

Email address: _____

The reason for my request is (do not include specific personal health information for you or family member on this form):

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.

I do _____; do not _____ wish to use my accumulated sick and /or personal leave.

Use _____ Sick Leave Days

Use _____ Personal Leave Days

Signature of Employee _____ / ____ / ____
Date

Recommended by: _____ / ____ / ____
Principal/Supervisor Date

Approved by: _____ / ____ / ____
Director of Schools Date