

WEAKLEY COUNTY SCHOOLS
LEAVE OF ABSENCE REQUEST FORM

Required by Tennessee Code Annotated § 49-5-702

Name of Teacher _____

E-mail Address _____ Phone _____

Name of School _____

Grade and/or Subjects Taught _____

Briefly Describe Type of Leave Requested _____

Give Beginning and Ending Date for Requested Leave:

Leave to Begin _____

Leave to End _____

Do you plan to request any accumulated sick leave with this leave?

Yes No If yes, how many days? _____

Do you intend to return to the position from which leave is granted at the end of the requested leave period?

Yes No

Teacher Signature

Principal Signature

Director of Schools Signature

Name of person to fill leave