Request for Leave

Required by Tennessee Code Annotated 49-5-702

Teacher _____ Phone _____

School _____

Grade and/or Subject(s) Taught _____

Briefly describe the type of leave requested: _____

_____

(If applicable)

Tennessee Paid Parental Leave Eligible Event Date: _____

(Due Date or Adoption Date)

Leave Information

Give the beginning and end dates for the requested leave.

Leave Begins: _____ Leave Ends: _____

(Day before return date)

Do you intend to return to the position from which leave is granted at the end of the requested leave period? Yes _____ No _____

_____

Signature of Teacher **Name of Substitute to Fill Leave** **Certified? Yes/No**

_____

Signature of Principal **Signature of Director of Schools**