



Request for Long-Term 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: _____

Leave Information

Give the beginning and end dates for the requested leave. NOTE: If the requested leave is a maternity or adoption leave, input the dates for the ADDITIONAL leave – NOT the six (6) paid workweeks or thirty (30) days provided by the state.

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

FINANCE USE ONLY

Sick Days to Use _____

Days Without Pay _____