



Request for Leave of Absence

Required by Tennessee Code Annotated 49-5-702

Name _____ Phone _____

Location _____

Position: Bus Driver Ed. Assistant Maintenance/Mechanic Nurse
 Custodian Administrative Assistant _____

Briefly describe the type of leave requested: _____

(Bus Drivers and Nurses only)

Tennessee Paid Parental Leave Eligible Event Date: _____

Leave Information

Give the beginning and end dates for the requested leave.

(Day before return date)

Leave Begins: _____ Leave Ends: _____

Has a claim been filed with worker's compensation? _____ Yes _____ No

If yes, check below how you wish your payroll to be handled.

- I elect to receive payment solely from Worker's Comp. For each month I do not receive a check from Weakley County Schools, I agree to write a personal check to cover any and all deductions.
- I elect to be paid solely by Weakley County Schools through payment of accrued leave. If accrued leave is exhausted, I agree to write a personal check to cover any and all deductions for each month I do not receive a check.
- I elect to receive payment from Worker's Comp and to be paid by Weakley County Schools one-third of my salary by using accrue leave. If accrued leave is exhausted, I agree to write a personal check to cover any and all deductions for each month I do not receive a check.

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 Employee

Signature of Principal/Supervisor

Signature of Director of Schools