

**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: \_\_\_\_\_  
\_\_\_\_\_

The reason for my request is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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