



## LONG TERM LEAVE OF ABSENCE NOTIFICATION

A Long Term Leave of Absence can be defined as maternity, medical, sabbatical, etc. Long Term Leaves are approved **only** by the Director of Schools.

Employee Name: \_\_\_\_\_

Position:    Administrator    Teacher    Teacher Assistant    Clerical    Food Service  
 Nurse    Bus Driver    Bus Attendant    Maintenance    Other \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Subject: \_\_\_\_\_

Effective Date Leave Shall Begin: \_\_\_\_\_ Effective Return Date: \_\_\_\_\_

Office must be notified in writing **immediately** if date(s) change.

Absences for reasons not authorized by the Board of Education's policies shall result in deduction of pay and may result in termination of services.

Number of Sick Days Requesting to Use: \_\_\_\_\_

The requested leave:    required a substitute, (name) \_\_\_\_\_  
 did not require a substitute

Type of leave (you must check one of the boxes below):

Maternity/Paternity    Medical    Military    Other(s) \_\_\_\_\_

**This form must be used to report a leave of absence for all employees whether a substitute is used or not.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Principal: \_\_\_\_\_ Date: \_\_\_\_\_

c: Principal  
Supervisor

Please return this form to the Department of Human Resources 2121 Woodland Street Springfield, TN 37172, Phone: 615-384-5588, Fax: 615-384-9749.

**FOR OFFICE USE ONLY**

HR \_\_\_\_\_ DOS Office \_\_\_\_\_ Payroll \_\_\_\_\_ HR \_\_\_\_\_