

# REQUEST FOR LEAVE OF ABSENCE

**TO:** Washington County Board of Education

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

**RE:** Request for Leave of Absence

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby request a leave of absence from my duties as \_\_\_\_\_ in the  
\_\_\_\_\_ School for a period of time beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and  
ending \_\_\_\_/\_\_\_\_/\_\_\_\_. The reason for my request is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and I understand I forfeit my rights if I fail to proceed according to this request. I shall notify the superintendent 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.

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

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

Recommended by: \_\_\_\_\_  
*Principal*

Date: \_\_\_\_\_

Recommended by: \_\_\_\_\_  
*Director of Schools*

Date: \_\_\_\_\_

Date approved: \_\_\_\_\_  
by Board