



**APPLICATION FOR LEAVE OF ABSENCE  
from the Marshall County School System**

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Building: \_\_\_\_\_ Grade/Subject/Position: \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Military Service       | <input type="checkbox"/> Maternity               | <input type="checkbox"/> Adoption       |
| <input type="checkbox"/> Recuperation of Health | <input type="checkbox"/> Educational Improvement | <input type="checkbox"/> Other: Explain |

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**Statement of Intent to Return to the position from which leave is granted:**

Leave to Begin:\*      Date: \_\_\_\_\_  
Month      Day      Year

Leave to End:      Date: \_\_\_\_\_  
Month      Day      Year

Sick Days to be taken \_\_\_\_\_ Days Without Pay to be taken \_\_\_\_\_

Public Chapter 175 states, "Any teacher on leave shall, at least thirty (30) days prior to the date of return, notify the Director of Schools in writing if said teacher does not intend to return to the position from which she/he is on leave. Failure to render such notice may be considered breach of contract."

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Director of Schools

\* If military service, omit.