JEFFERSON COUNTY SCHOOLS
REQUEST FOR LEAVE OF ABSENCE
FOR NON-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.

According to school board policy 5.304, classified employees are required to use their available personal leave, sick leave (if applicable), and vacation leave (if available) prior to requesting leave without pay.

_____ _____/_____/_____
Signature of Employee Date

Recommended by: _____ _____/_____/_____
Principal/Supervisor Date

Approved by: _____ _____/_____/_____
Director of Schools Date