

Request For Leave of Absence

TO: Putnam 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

_____ Schools 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: _____

Date: _____

Recommended by: _____

Date: _____