

*South Carroll County Special School District  
Request for Leave of Absence*

TO: DR. TONY TUCKER, DIRECTOR OF SCHOOLS

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

RE: REQUEST FOR LEAVE OF ABSENCE

DATE: \_\_\_\_\_

I hereby request a leave of absence from my duties as \_\_\_\_\_ in the South Carroll County Special School District for a period of time beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

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 Director 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: \_\_\_\_\_

Approved by: \_\_\_\_\_, Director

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