

Substitute paid by school:  yes  no – If yes, attach check.  
OR  
Central Office Department \_\_\_\_\_

**KNOX COUNTY SCHOOLS**

Account No. \_\_\_\_\_

**LEAVE REQUEST**

*(Please Print or Type)*

Name _____	SSN <b>OR</b> Employee Number _____
School or Location _____	Grade/Subject/Department _____
Number of Days _____	Date(s) Requested _____ <small>(specify half-days)</small>

**Absences for reasons not authorized by the Board of Education's policies shall result in deduction of pay and may result in termination of services.**

**The requested leave:**  requires a substitute  does not require a substitute

**Is the requested leave in connection with a field trip?**  yes  no

Type of leave (you must check one of the boxes below): You must fill out a separate form for each different type of leave.

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Administrative Leave with pay (A)<sup>1</sup></b>                      | <input type="checkbox"/> <b>Personal</b>  |
| <input type="checkbox"/> <b>Administrative Leave without pay (B)<sup>1</sup></b>                   | <input type="checkbox"/> <b>Military</b>  |
| <input type="checkbox"/> <b>Professional Leave (P)<sup>2</sup></b>                                 | <input type="checkbox"/> <b>Jury Duty</b> |
| <input type="checkbox"/> <b>Classified Workshop/Training/Off-Campus Trip<sup>2</sup>, etc. (Q)</b> | <input type="checkbox"/> <b>Religious</b> |
| <input type="checkbox"/> <b>Vacation</b>   | <input type="checkbox"/> <b>Medical</b>   |

The requested leave is for the purpose of \_\_\_\_\_  
(List complete name of conference, workshop, etc.)

\_\_\_\_\_  
City, State \_\_\_\_\_

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Approved By Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approved By Director/Superintendent \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> **Submit** this request one (1) week prior to the beginning date of Administrative Leave. An Absence Form must be submitted after Administrative Leave has been taken.

<sup>2</sup> **Submit this request ten (10) working days prior to the beginning date of requested leave to appropriate supervisor. OR IF PROFESSIONAL LEAVE (or CLASSIFIED LEAVE) IS REQUESTED TO ACCOMPANY STUDENTS ON AN OFF-CAMPUS TRIP, THIS FORM MUST BE ATTACHED TO THE OFF-CAMPUS TRIP FORM.** An Absence Form must be submitted after Professional Leave has been taken.