

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 OR Employee Number _____
School or Location _____	Grade/Subject/Department _____
Number of Days _____	Date(s) Requested _____ (specify half-days)

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. In order to receive credit toward tenure for certified personnel only, a year is defined as a minimum of 160 paid contract days.

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"/> Administrative Leave with pay (A) <sup>1</sup>    | <input type="checkbox"/> Non-Certified Workshop/Training/Off-Campus Trip <sup>2</sup> , etc. (Q) |
| <input type="checkbox"/> Administrative Leave without pay (B) <sup>1</sup> | <input type="checkbox"/> Personal (2) <sup>3</sup>   |
| <input type="checkbox"/> Professional Leave (P) <sup>2</sup>               | <input type="checkbox"/> Vacation (3) <sup>4</sup>   |

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 NON-CERTIFIED 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.

<sup>3</sup> **Submit** this request to your immediate supervisor at least one (1) day prior to the beginning date of the requested leave. At the end of the fiscal year, unused personal leave days shall be credited as accumulated sick leave days. *Note for Professional Employees, as defined by T.C.A. §49-5-602 (11): Except in cases of emergency as determined by the immediate supervisor, personal leave days are not to be taken on in-service days, on a day adjacent to a designated school holiday, or during the last two (2) weeks of the 200 day calendar year. Exceptions based on the length of contract are to be handled on an individual basis by the immediate supervisor.*

<sup>4</sup> This request should be submitted two (2) weeks prior to the beginning date of vacation. No more than ten (10) days of vacation may be taken without the permission of the supervisor and the superintendent.