

**ROBERTSON COUNTY SCHOOLS
EDUCATIONAL IMPROVEMENT LEAVE OF ABSENCE FORM**

This form must be used by any certified employee requesting an unpaid leave of one academic year for educational improvement. Employees must be full time students (minimum of 12 hours credit each semester) in order to be approved. Submit this form and required documentation to Annette Weeks, Coordinator of Certified Personnel in the Human Resources Department.

Employee Name (Print): _____

Last Four Digits of SS#: _____

Phone Number: _____ Email: _____

Home Address: _____

School: _____ Position: _____ Grade/Subject: _____

Leave Beginning Date (required): _____ Leave Ending Date (required): _____

College or University: _____ Program of Study: _____

Please initial to confirm your understanding of each of the following:

_____ I understand that I am required to submit receipts to HR each semester to verify that I am registered for a minimum of 12 hours. *(Fall semester receipt must be submitted with this leave form. Spring semester receipt no later than January 20.)*

_____ I understand that I am required to submit to HR a transcript or semester grade report for each semester to verify I received a minimum of 12 hours credit. *(Fall semester transcript or grade report must be submitted by December 31. Spring semester transcript or grade report must be submitted no later than May 30.)*

_____ I understand that I will be responsible for the full cost of my medical insurance premium during the year of my Educational Improvement Leave and that I must contact Tamica Harrison, Benefits Accountant at the Robertson County Finance Office ((615-384-0202) to make arrangements for payment of my medical insurance premium.

Statement of Intent:

I certify that I intend to return to work in my current position or a comparable position with Robertson County Schools when returning from unpaid Educational Improvement Leave. If circumstances change and I decide to end my employment with Robertson County Schools, I understand that I am required to submit a resignation form to Human Resources a minimum of 30 days in advance of my expected return. I also acknowledge that I am required to submit tuition receipts and grade reports or transcripts to verify my attendance, and that failure to provide these documents by the deadlines may result in termination.

Employee _____ Date _____

APPROVAL STATUS: Leave Request is Approved Leave Request is Not Approved

Director of Schools/Designee _____ Date _____
