

**FOR OFFICIAL USE ONLY**

Date Complete Request Received _____

Approved _____

Denied _____ (Attach rationale)

HR Official Signature _____

STUDENT TEACHING (ST) LEAVE REQUEST**EMPLOYEE INFORMATION**

Name: _____ Employee ID Number: _____

School/Department: _____ Position: _____

A BCSS employee applying for professional leave for Student Teaching must notify the Human Resources Department in writing of the desire to be considered for such leave at least 60 days prior to the date on which the leave is to begin. Leave for ST is granted for a period up to and not to exceed 16 weeks.

LEAVE REQUEST CHECKLIST☐

A minimum of three (3) consecutive years of satisfactory service to the Bartow County School System (BCSS) as documented by annual/performance evaluations

☐

Letter from the BCSS employee detailing the following information:

1. Statement of purpose of the leave; ST dates and original signature of employee
2. Name of fully accredited and Georgia Professional Standards Commission approved institution where ST will take place
3. Name of Approved Program of Study as accepted by the Georgia Professional Standards Commission to secure teaching certification (Early Childhood, Middle Grades Math, Special Education, etc.)

☐

Letter from the college/university Program Advisor detailing the following:

1. Program Completion Status – Verification that the employee has met all program requirements with the exception of ST
2. Dates of ST semester and anticipated date of completion

I certify that the information provided is complete and accurate. I understand that if leave is granted, my position is not legally protected but I will be afforded employee insurance benefits at my cost until such time the leave is exhausted and/or I am no longer an employee of the BCSS; I understand that a return to work is expected on or before the expiration of the leave to prevent my position from being listed as vacant; I understand that during this period accrual of all other employee leave is not applicable.

Employee's Signature _____ **Date:** _____

Program Advisor's Signature _____ **Date:** _____

BCSS Supervisor's Signature _____ **Date:** _____