

# PERSONAL OR PROFESSIONAL LEAVE FOR TEACHERS

Macon County Board of Education  
Lafayette, Tennessee

Teacher's Name: \_\_\_\_\_

School: \_\_\_\_\_

The teacher named above requests personal or professional leave for the following dates(s)  
making my school year total to date \_\_\_\_\_ days.

\_\_\_\_\_

\_\_\_\_\_

The following substitute teacher(s) should be paid for \_\_\_\_\_ days:

Substitute Teacher(s): \_\_\_\_\_

*I certify that the information above is true and correct.*

\_\_\_\_\_  
*Teacher's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal's Signature*

**NOTE: A leave day is earned for each 100 days of employment.**