

Blount County Schools
Approval for **No Pay** Leave

Faculty/Staff Name: _____

Date(s) for Requested Leave: _____

Faculty/Staff Signature: _____

Reason for Request of NP Leave: _____

Medical Certification Attached ___ YES ___ NO

_____ **For Office Use Only** _____

Will a sub be required for this employee: ___ YES ___ NO

_____ Days of *No Pay* leave have been previously granted this school year for this employee.

Principal's Signature: _____

Director of Schools/Designee: _____

Blount County School Board Policy- Unpaid Leave- 5.311

All no pay days for employees must be approved by the director of schools with a recommendation from the school principal. Employees should first use ALL personal/vacation days before making request.

For individuals who have exhausted sick days and/or personal leave or vacation days, no pay days will be limited to two (2) days per year without medical verification or certification.

School Secretaries: Please send this form to Crystal Brewer in the Human Resources Department at Central Office.