

**Holmes District School Board
701 East Pennsylvania Avenue
Bonifay, Florida 32425**

MEMO

TO: Holmes County School Board

FROM: _____

DATE: _____

SUBJECT: LEAVE OF ABSENCE

I, _____, do hereby request a leave of absence from my position as _____ with the Holmes County School Board beginning _____, _____, at _____ (A.M./P.M.), and ending _____, _____, at _____ (A.M./P.M.).

The purpose for my request is as follows:

____ Family & Medical Leave ____ Maternity/Parental Leave ____ Military Leave
____ Professional Leave (Administrators & Teachers Only)** ____ Political Campaigning
____ Leave Related to Domestic Violence ____ Other

Signature

Supervisor

Superintendent

Date

Date

Date

****To be eligible for professional leave, professional study without pay, for a quarter, semester or school year, the instructional staff member shall have been a district employee for at least three (3) years and shall hold a continuing or professional contract effective for the period of the leave.**

The Holmes District School Board is an Equal Education/Employment Institution