



# Hardeman County Board of Education

10815 Old hwy. 64  
Bolivar, Tennessee 38008

**Warner A. Ross, II**  
Director of Schools

(731) 658-2510  
FAX (731) 658-2061

**I hereby make application for the Hardeman County Board of Education to pay:**

\_\_\_\_\_ for substitute teaching for \_\_\_\_\_  
**Print Substitute Name** **Print Teacher Name**

**I was absent:**

<u>Month</u>	<u>Day</u>	<u>Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL DAYS ABSENT** \_\_\_\_\_

**Because of:**

- 1 Personal Illness \_\_\_\_\_
- 2 Illness of a member of my immediate family \_\_\_\_\_
- 3 Death of immediate family member per Policy 5.3022 is defined below: \_\_\_\_\_

- A. Spouse \_\_\_\_\_
- B. Parents \_\_\_\_\_
- C. Grandparent \_\_\_\_\_
- D. Child \_\_\_\_\_
- E. Step-Child \_\_\_\_\_
- F. Grandchildren \_\_\_\_\_
- G. Brother \_\_\_\_\_
- H. Sister \_\_\_\_\_
- I. Mother-in-law \_\_\_\_\_
- J. Father-in-law \_\_\_\_\_
- K. Step-Parents \_\_\_\_\_
- L. Foster Parents \_\_\_\_\_

**3 DAYS ALLOWED FOR BEREAVEMENT LEAVE**

(Not to exceed six (6) days in one given school year)

\_\_\_\_\_ School

\_\_\_\_\_ Teacher

\_\_\_\_\_ Principal

