

## CMCSS Substitute Program Request for Break in Service (SUB-F010)

By your completing and requesting a voluntary break in service, you acknowledge that you will remain an active employee of the substitute program with the Clarksville-Montgomery County School System.

Name:				
Employee Number:				
I am requesting a break in servapproval, I must have passed must his request to the substitute	ny probationary	period and subi	mitted proper do	cumentation along
<ul> <li>Maternity/Paternity Leave</li> <li>Military Leave</li> <li>Health-Related Reason</li> <li>Student Teaching</li> </ul>				
Date of request:	/	DD / YYYY	_	
Actual last day I will work:	//	D YYYY	_	
First day I will return to work:	//	D / YYYY		
By signing below, I acknowledge A074) for CMCSS Substitutes. I to the dates requested above, I that documentation may be requ	further understa must complete a	and that if for an another request	y reason an exte	nsion is necessary
Signature of Employee		Date		
For Substitute Program use o	nly:			
□ Approved □ Disapproved				
Director of Classified Employment		Date		