



DICKSON COUNTY BOARD OF EDUCATION

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RELEASE DAY REQUEST FORM

Release days are defined as paid days which the educator is released from his/her regular daily assignment to perform other approved duties and/or assignments. Release days will be granted in accordance with the guidelines approved by policy 5.3031. Requests shall be submitted to the appropriate instructional supervisor at least five (5) days prior to the requested days.

Teacher's Name: _____ School: _____

Grade / areas now teaching: _____ Date of Application: _____

1. Date(s) release days requested: _____

Amount of time requested (check one): ½ day _____ 1 day _____ other _____

2. Location of assignment or duty: _____

Address: _____

3. Nature of assignment or duties: _____

Signature (reviewed by Principal)

Signature of Teacher

Approved by:

Elementary / Secondary Supervisor

4. Remarks by teacher relative to assignment or duty during release days: _____

5. Number of hours spent on assignment or duty: _____

This form will be returned to the principal. Fill in the name and fund for the substitute and then send the form to the superintendent's office. It will then become a part of your personal file.

6. Name of substitute: _____

7. Fund to pay substitute (DCEA, DARE, Title I, Title II, etc.): _____