



## DICKSON COUNTY BOARD OF EDUCATION

Dr. Christie Southerland, Director of Schools  
817 N. Charlotte Street, Dickson, TN 37055  
Phone: 615-446-7571 Fax: 615-441-1375

### 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):  $\frac{1}{2}$  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.): \_\_\_\_\_