

# RCW Leave Request Form

Employee Name : \_\_\_\_\_

Date of request: \_\_\_\_\_

Reason: \_\_\_\_\_

Leave Date(s): \_\_\_\_\_

Substitute Name (if Needed): \_\_\_\_\_

**PLEASE Check ONE:**

RCW Elementary

RCW High School

RCW District Office

Transportation

**EXCUSED ABSENCE - HOURS**

*Please state HOURS of leave*

\_\_\_\_\_ Sick Leave Hours

\_\_\_\_\_ Personal Leave Hours

\_\_\_\_\_ Emergency Leave Hours

\_\_\_\_\_ Vacation Hours

\_\_\_\_\_ Professional hours

\_\_\_\_\_ Jury Duty Hours

\_\_\_\_\_ W/O Pay Hours

\_\_\_\_\_ Staff Development

\_\_\_\_\_ AYP Training

*(Office Use Only)*

**W/O Pay Absence:**

Deduction \$ \_\_\_\_\_

**\* SUBSTITUTES SHOULD ALSO COMPLETE A TIME CARD**

Employee: \_\_\_\_\_  
Employee Signature

Substitute: \_\_\_\_\_  
Substitute Signature

Approved: \_\_\_\_\_  
Supt./Principal Signature