

**RADFORD CITY SCHOOLS**  
**1612 Wadsworth Street**  
**Radford, VA 24141**

**REQUEST FOR LEAVE FORM**

Employee's Name \_\_\_\_\_

School: McH BH DIS RHS CO Position \_\_\_\_\_

Request is hereby made to take leave on the following date(s):

<b>Type of Leave</b>	<b>Number of Days</b>	<b>Date(s)</b>	<b>Reason for Absence</b>	<b>Substitute</b>
Personal Leave (PL)				
Sick Leave (SL)				
Annual Leave (AL)				
Leave Without Pay (LWOP)				
Professional Leave				
Compensatory Leave				

Provide dates that Compensatory Leave was earned: \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature Date

Recommended

Not Recommended Reason \_\_\_\_\_

\_\_\_\_\_  
 Supervisor/Principal Signature Date

Central Office Use Only

Leave Available: Yes No

Approved

Not Approved Reason \_\_\_\_\_

\_\_\_\_\_  
 Superintendent Date