

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):

Type of Leave	Number of Days	Date(s)
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