



**ROCKINGHAM COUNTY SCHOOLS
SCHOOL BUS DRIVER
LEAVE REQUEST FORM**

9/11/2013

Prior Approval Leave/Compensation Request

Employee Name: _____

Date Request Made: ____ / ____ / ____

No. of Annual
Leave Days
Requested

_____	Month: _____	Day(s): _____	_____	_____	_____	_____
_____	Month: _____	Day(s): _____	_____	_____	_____	_____
_____	Month: _____	Day(s): _____	_____	_____	_____	_____
_____	Month: _____	Day(s): _____	_____	_____	_____	_____
_____	Month: _____	Day(s): _____	_____	_____	_____	_____

Sick Leave Confirmation

I was absent due to sickness: Month: _____ Day(s): _____

Employee's Signature

Date

Principal/Assistant Principal Signature

Date Approved Denied