RAPPAHANNOCK COUNTY PUBLIC SCHOOLS



School Board Office 6 Schoolhouse Road Washington, Virginia 22747

Telephone (540) 227-0023 Fax (540) 987-8896 www.rappahannockschools.us

Request for Payment of Sick Leave Days

·	Upon my resignation/retirement on, I am requesting to be paid					
Employee's Signature Employee Name (Please Print) FOR OFFICE USE ONLY Number of accumulated Sick Leave days as of date of retirement/resignation: Eligible number of days for payment: Eligible rate of payment: Verified by Date	for my unused sick leave days as dete	rmined by th	e School Boar	d.		
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	Varified by		Date			
Superintendent or Designee Date	vermed by		Date			
Cuparintandant or Dasignes Data						
	Cun avintandant av Dasignas		Data	,		