



## RAPPAHANNOCK COUNTY PUBLIC SCHOOLS

School Board Office  
6 Schoolhouse Road  
Washington, Virginia 22747

Telephone (540) 227-0023  
Fax (540) 987-8896  
[www.rappahannockschoools.us](http://www.rappahannockschoools.us)

### Request for Payment of Sick Leave Days

Upon my resignation/retirement on \_\_\_\_\_, I am requesting to be paid for my unused sick leave days as determined by the School Board.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Employee Name (Please Print)

### FOR OFFICE USE ONLY

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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

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date