**Employee Information
Employee Name: Campus:**

**Anticipated Leave Date: ANTICIPATED Return Date:**

**Reason for Leave: (Circle One) Leave of Absence Medical Leave of Absence Vacancy**

**Send Request to Keyra Rodriguez at keyra.rodriguez@rockwallisd.org**

Refer to RISD Board Policy DEC (LOCAL).

**Long Term Substitute Information**

**Name of Requested Substitute:**

**Assignment/Content and Grade Level:**

**Campus Administrator Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR OFFICE USE ONLY**

**HR CERTIFICATION SPECIALIST REVIEW**

 Y N N/A

 Certified for assignment \_\_\_ \_\_\_ \_\_\_

Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approval Status: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_**

**Assistant Director of Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**