RCTCM: Don't Say It, Write It! – Revised 09/20/2021

- *Flexibility Time must be earned prior to leave and may not be used during collaborative planning nor Instructional/Duty Time
- **Use this form to: 1.** Submit Flexibility Time **or 2.** Request Leave
- Please return this form to the Front Office for approval.

Employee's Name:	**Today's Date:**	**Date of requested leave:** _____ Leave Start Time: _____AM/PM Leave End Time: _____AM/PM
Absence or Leave Reason:	**Frontline Job Confirmation #:** _____ **Name of Teacher(s) Covering:** _____	**Employee's regular work hours:**
☐ **Partial Day (AM or PM)** ___Sick Leave ___Personal Leave ___Professional Leave ___ Flexibility Time *If applicable. ___Personal Leave before or after a holiday (District Pre-Approval required.)	☐ **Whole Day** ___Sick Leave ___Personal Leave ___Professional Leave ___ Flexibility Time *If applicable. ___Personal Leave before or after a holiday (District Pre-Approval required.) ___Vacation (*12 month only*)	☐ **Conference Requested**** Date/Time: _____ ☐ **Submit Flexibility Time Earned*** Date earned: Start time: End Time: **Total time earned – Hours _____Minutes_____** **Required Documents:** ☐ Completed Sub Folder ☐ Rosters; Lesson Plans
Immediate Supervisor's Signature/Date: _____ Approved _____ Not Approved		
Administrator's Signature/Date: _____ Approved _____ Not Approved _____ Need more information**		

For Office Use Only	**Employee's Information**
Form received by:	Planning Period:
Date/Time received:	Collaborative Period:
Have all required documents been submitted?	Duty on requested day: Morning/Lunch After School